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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List of Abbreviations

1: Generics

2: Preferred Brands

3: Non-Preferred Brands

ACA: Affordable Care Act.

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

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

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	Preferred Alternatives (flucytosine)
BREXAFEMME	3	ST; QL (4 Per fill); Preferred Alternatives (fluconazole)
clotrimazole	1	
CRESEMBA	2	PA
DIFLUCAN	3	Preferred Alternatives (fluconazole)
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 Per fill)
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole oral capsule	1	QL (30 Per fill)
itraconazole oral solution	1	QL (300 Per fill)
ketoconazole	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; Preferred Alternatives (posaconazole)
nystatin	1	
ORAVIG	3	Preferred Alternatives (nystatin, clotrimazole)
posaconazole	1	PA
SPORANOX	3	QL (30 Per fill); Preferred Alternatives (itraconazole)
terbinafine hcl	1	
VFEND	3	PA; Preferred Alternatives (voriconazole)
VIVJOA	3	PA; QL (18 Per fill); Preferred Alternatives (fluconazole)
voriconazole	1	PA
ANTIVIRALS		
abacavir	3	
abacavir-lamivudine	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
acyclovir	1	
adefovir	1	
amantadine hcl	1	
APRETUDE	3	ACA
APTIVUS	3	
atazanavir	3	
BARACLUDE	2	
BEYFORTUS	2	ACA
BIKTARVY	3	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	3	QL (1 per 23 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	3	QL (1 per 45 days)
CIMDUO	3	
darunavir	3	
DELSTRIGO	3	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	ACA
DOVATO	3	
EDURANT	3	
EDURANT PED	3	
efavirenz	3	
efavirenz-emtricitabin-tenofov	3	
efavirenz-lamivu-tenofov disop	3	
emtricitabine	3	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	3	ACA
emtricita-rilpivirine-tenof df	3	
EMTRIVA ORAL CAPSULE	3	Preferred Alternatives (emtricitabine)
EMTRIVA ORAL SOLUTION	3	
ENFLONSIA	2	ACA
entecavir	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
EPCLUSA	3	ST; QL (84 per 365 days)
EPIVIR	3	Preferred Alternatives (lamivudine)
etravirine	3	
EVOTAZ	3	Preferred Alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR)
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 Per fill)
famciclovir oral tablet 250 mg	1	QL (60 Per fill)
FLUMADINE	3	Preferred Alternatives (rimantadine hcl)
fosamprenavir	3	
GENVOYA	3	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	ST; QL (56 per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	ST; QL (112 per 365 days)
HARVONI ORAL TABLET 45-200 MG	3	ST; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG	3	ST; QL (56 per 365 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	3	Preferred Alternatives (etravirine)
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	3	
KALETRA	3	Preferred Alternatives (lopinavir-ritonavir)
LAGEVRIO (EUA)	2	QL (40 per 180 days)
lamivudine oral solution	3	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	3	
lamivudine-zidovudine	3	
LIVTENCITY	3	PA; QL (112 per 21 days)
lopinavir-ritonavir	3	
maraviroc	3	
nevirapine	3	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL TABLET	3	Preferred Alternatives (ritonavir)

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Drug Name	Drug Tier	Requirements / Limits
ODEFSEY	3	
oseltamivir oral capsule 30 mg	1	QL (20 Per fill)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (10 Per fill)
oseltamivir oral suspension for reconstitution	1	QL (180 Per fill)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 180 days)
PIFELTRO	3	
PREVYMIS ORAL PELLETS IN PACKET	2	
PREVYMIS ORAL TABLET	2	QL (112 per 365 days)
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	Preferred Alternatives (darunavir)
RELENZA DISKHALER	3	QL (20 Per fill); Preferred Alternatives (oseltamivir phosphate)
RETROVIR INTRAVENOUS	3	
RETROVIR ORAL	3	Preferred Alternatives (zidovudine)
REYATAZ ORAL CAPSULE	3	Preferred Alternatives (atazanavir sulfate)
REYATAZ ORAL POWDER IN PACKET	3	
ribavirin inhalation	1	PA
ribavirin oral	3	
rimantadine	1	
ritonavir	3	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	Preferred Alternatives (maraviroc)
SUNLENCA	3	
SYMFI	3	
SYMTUZA	3	
SYNAGIS	3	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (20 Per fill); Preferred Alternatives (oseltamivir phosphate)

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
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (10 Per fill); Preferred Alternatives (oseltamivir phosphate)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL (180 Per fill); Preferred Alternatives (oseltamivir phosphate)
TEMBEXA	3	
tenofovir disoproxil fumarate	3	
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	3	
TRIUMEQ PD	3	
TROGARZO	3	
TYBOST	3	Preferred Alternatives (ritonavir, NORVIR)
valacyclovir	1	QL (30 Per fill)
VALCYTE	3	Preferred Alternatives (valganciclovir hcl)
valganciclovir	1	
VEMLIDY	2	
VIRACEPT	3	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VIREAD ORAL TABLET 300 MG	3	Preferred Alternatives (tenofovir disoproxil fumarate)
VOSEVI	3	ST; QL (84 per 365 days)
XOFLUZA	3	QL (1 Per fill); Preferred Alternatives (oseltamivir phosphate)
YEZTUGO	3	ACA
ZEPATIER	3	ST; QL (84 per 365 days)
ZIAGEN	3	Preferred Alternatives (abacavir)
zidovudine	3	
CEPHALOSPORINS		
cefaclor	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	

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Drug Name	Drug Tier	Requirements / Limits
cefpodoxime	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin	1	
clarithromycin	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (1 Per fill); Preferred Alternatives (vancomycin hcl)
DIFICID ORAL TABLET	3	QL (20 Per fill); Preferred Alternatives (fidaxomicin)
e.e.s. 400	1	
E.E.S. GRANULES	3	Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 200	3	Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 400	3	Preferred Alternatives (erythromycin ethylsuccinate)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate)	1	
erythromycin	1	
erythromycin ethylsuccinate	1	
fidaxomicin	1	QL (20 Per fill)
ZITHROMAX	3	Preferred Alternatives (azithromycin)
ZITHROMAX TRI-PAK	3	Preferred Alternatives (azithromycin)
ZITHROMAX Z-PAK	3	Preferred Alternatives (azithromycin)
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	QL (120 per 23 days)
ALINIA	2	QL (180 per 23 days)
ARAKODA	3	Preferred Alternatives (atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic); QL (32 per 180 days)

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Drug Name	Drug Tier	Requirements / Limits
ARIKAYCE	3	PA
atovaquone	1	
atovaquone-proguanil oral tablet 250-100 mg	1	QL (60 per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (180 per 180 days)
BENZNIDAZOLE	2	QL (720 per 365 days)
BETHKIS	3	PA; QL (224 Per fill); Preferred Alternatives (tobramycin sulfate)
BILTRICIDE	3	Preferred Alternatives (praziquantel)
CAYSTON	3	QL (84 Per fill)
chloroquine phosphate	1	
CLEOCIN HCL	3	Preferred Alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC	3	Preferred Alternatives (clindamycin (pediatric))
clindamycin hcl	1	
clindamycin pediatric	1	
COARTEM	2	QL (24 per 23 days)
cycloserine	1	
dapsone	1	
DARAPRIM	3	PA; Preferred Alternatives (pyrimethamine)
EMVERM	2	QL (6 per 23 days)
ethambutol	1	
HUMATIN	3	
hydroxychloroquine	1	
IMPAVIDO	2	QL (84 per 23 days)
isoniazid	1	
ivermectin oral tablet 3 mg	1	PA; QL (14 per 23 days)
ivermectin oral tablet 6 mg	1	PA; QL (8 per 23 days)
KITABIS PAK	3	ST; QL (280 Per fill)
KRINTAFEL	3	Preferred Alternatives (primaquine generic); QL (2 per 23 days)
linezolid	1	
MALARONE	3	Preferred Alternatives (atovaquone-proguanil hcl); QL (60 per 180 days)

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
MALARONE PEDIATRIC	3	Preferred Alternatives (atovaquone-proguanil hcl); QL (180 per 180 days)
mefloquine	1	QL (13 per 180 days)
MEPRON	3	Preferred Alternatives (atovaquone)
metronidazole	1	
NEBUPENT	3	Preferred Alternatives (pentamidine isethionate); QL (1 per 21 days)
neomycin	1	
nitazoxanide	1	QL (12 per 23 days)
pentamidine	1	QL (1 per 21 days)
praziquantel	1	
PRETOMANID	3	PA
PRIFTIN	2	
primaquine	1	QL (120 per 180 days)
pyrazinamide	1	
pyrimethamine	1	PA
quinine sulfate	1	QL (42 per 23 days)
rifabutin	1	
rifampin	1	
SIRTURO	2	PA
SOLOSEC	2	QL (1 Per fill)
STROMECTOL	3	PA; Preferred Alternatives (ivermectin); QL (14 per 23 days)
tinidazole oral tablet 250 mg	1	QL (40 per 23 days)
tinidazole oral tablet 500 mg	1	QL (20 per 23 days)
TOBI PODHALER	3	ST; QL (224 Per fill)
tobramycin	3	ST; QL (224 Per fill)
tobramycin in 0.225 % nacl	3	ST; QL (280 Per fill)
TOBRAMYCIN WITH NEBULIZER	3	ST; QL (280 Per fill); Preferred Alternatives (tobramycin sulfate, TOBI PODHALER)
XENLETA	3	Preferred Alternatives (azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir)
XIFAXAN ORAL TABLET 200 MG	2	QL (9 Per fill)

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Drug Name	Drug Tier	Requirements / Limits
XIFAXAN ORAL TABLET 550 MG	2	QL (60 Per fill)
ZYVOX	3	Preferred Alternatives (linezolid)
PENICILLINS		
amoxicillin	1	
amoxicillin-pot clavulanate	1	
ampicillin	1	
AUGMENTIN	2	
AUGMENTIN ES-600	3	Preferred Alternatives (amoxicillin-clavulanate potass)
AUGMENTIN XR	3	Preferred Alternatives (amoxicillin-clavulanate pot er)
dicloxacillin	1	
MOXATAG	3	Preferred Alternatives (amoxicillin)
penicillin v potassium	1	
QUINOLONES		
BAXDELA	2	QL (28 Per fill)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	Preferred Alternatives (ciprofloxacin)
CIPRO ORAL TABLET	3	Preferred Alternatives (ciprofloxacin hcl)
ciprofloxacin	1	
ciprofloxacin hcl	1	
levofloxacin	1	
moxifloxacin	1	
ofloxacin	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	Preferred Alternatives (sulfamethoxazole-trimethoprim)
BACTRIM DS	3	Preferred Alternatives (sulfamethoxazole-trimethoprim)
sulfadiazine	1	
sulfamethoxazole-trimethoprim	1	
sulfatrim	1	
TETRACYCLINES		
avidoxy	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
AVIDOXY DK	3	ST; Preferred Alternatives (doxycycline monohydrate)
demeclocycline	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec)	1	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	ST
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	ST
minocycline oral tablet extended release 24 hr	1	ST
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	1	ST
MORGIDOX 1X 50	3	ST; Preferred Alternatives (doxycycline hyclate)
MORGIDOX 1X100	3	ST; Preferred Alternatives (doxycycline hyclate)
NUZYRA	3	QL (30 Per fill); Preferred Alternatives (doxycycline hyclate, tetracycline hcl)
SEYSARA	3	ST; Preferred Alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
TARGADOX	3	ST; Preferred Alternatives (doxycycline hyclate)
tetracycline oral capsule	1	
tetracycline oral tablet	1	ST
URINARY TRACT AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
FURADANTIN	3	Preferred Alternatives (nitrofurantoin)
MACROBID	3	Preferred Alternatives (nitrofurantoin mono-macro)
methenamine hippurate	1	
methenamine mandelate	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
PRIMSOL	3	Preferred Alternatives (trimethoprim)
trimethoprim	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG	3	QL (40 Per fill); Preferred Alternatives (vancomycin hcl)
VANCOCIN ORAL CAPSULE 250 MG	3	QL (80 Per fill); Preferred Alternatives (vancomycin hcl)
vancomycin oral capsule 125 mg	1	QL (40 Per fill)
vancomycin oral capsule 250 mg	1	QL (80 Per fill)
vancomycin oral recon soln 25 mg/ml	1	QL (300 Per fill)
vancomycin oral recon soln 50 mg/ml	1	QL (450 Per fill)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BILPREVDA	3	PA
KEPIVANCE	3	
leucovorin calcium	1	
MESNEX	3	Preferred Alternatives (mesna)
OSENVELT	3	PA; QL (1.7 Per fill)
VISTOGARD	3	PA; QL (20 Per fill)
XGEVA	3	PA; QL (1.7 Per fill)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	3	ST; QL (120 Per fill)
abiraterone oral tablet 500 mg	3	ST; QL (60 Per fill)
abirtega	3	ST; QL (120 Per fill)
ABRAXANE	3	Preferred Alternatives (paclitaxel protein-bound)
ADAKVEO	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
ADCETRIS	3	PA
ALECENSA	3	PA; QL (240 Per fill)
ALIQOPA	3	
ALKERAN	3	Preferred Alternatives (melphalan hcl)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 Per fill)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 Per fill)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 Per fill)
anastrozole	1	
AROMASIN	3	Preferred Alternatives (exemestane)
ARRANON	3	Preferred Alternatives (nelarabine)
ASPARLAS	3	PA; Preferred Alternatives (ONCASPAR)
ASTAGRAF XL	3	ST; Preferred Alternatives (tacrolimus)
AUGTYRO	3	PA
AVMAPKI-FAKZYNJA	3	PA
AYVAKIT	3	PA; QL (30 Per fill)
azacitidine	3	
AZASAN	3	Preferred Alternatives (azathioprine)
azathioprine	3	
azathioprine sodium	3	
BALVERSA	3	PA
BAVENCIO	3	PA
BELEODAQ	3	PA; Preferred Alternatives (ISTODAX, FOLOTYN)
BELRAPZO	3	PA; Preferred Alternatives (bendamustine hcl, BENDEKA)
bendamustine intravenous recon soln	3	PA
BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; Preferred Alternatives (bendamustine hcl, BENDEKA)
BENDEKA	3	PA
BESPONSA	3	PA
bevacizumab	1	
bexarotene	3	ST
bicalutamide	1	
BIZENGRI	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
BLINCYTO	3	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	PA
bortezomib injection recon soln 3.5 mg	3	PA
BORTEZOMIB INTRAVENOUS	3	PA
BOSULIF ORAL CAPSULE 100 MG	3	ST; QL (90 Per fill)
BOSULIF ORAL CAPSULE 50 MG	3	ST; QL (30 Per fill)
BOSULIF ORAL TABLET 100 MG	3	ST; QL (90 Per fill)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	ST; QL (30 Per fill)
BRAFTOVI	3	PA; QL (180 Per fill)
BRUKINSA	3	PA
CABOMETYX	3	PA; QL (30 Per fill)
CALQUENCE (ACALABRUTINIB MAL)	3	PA; QL (60 Per fill)
capecitabine oral tablet 150 mg	3	ST; QL (56 Per fill)
capecitabine oral tablet 500 mg	3	ST; QL (140 Per fill)
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (60 Per fill)
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 Per fill)
CASODEX	3	Preferred Alternatives (bicalutamide)
CELLCEPT	3	Preferred Alternatives (mycophenolate mofetil)
CELLCEPT INTRAVENOUS	3	Preferred Alternatives (mycophenolate mofetil)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PA; QL (56 Per fill)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PA; QL (112 Per fill)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PA; QL (84 Per fill)
COPIKTRA	3	PA; QL (56 Per fill); Preferred Alternatives (BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA)
COSELA	3	PA
COTELLIC	3	PA; QL (63 Per fill)
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	Preferred Alternatives (cyclophosphamide)

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
cyclosporine	3	
cyclosporine modified	3	
CYRAMZA	3	PA
DANYELZA	3	PA; Preferred Alternatives (UNITUXIN)
DANZITEN	3	ST
DARZALEX	3	PA
DARZALEX FASPRO	3	PA
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	3	ST; QL (30 Per fill)
dasatinib oral tablet 20 mg	3	ST; QL (90 Per fill)
dasatinib oral tablet 70 mg	3	ST; QL (60 Per fill)
DATROWAY	3	PA
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 Per fill); Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA)
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 Per fill); Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA)
decitabine	3	PA
DROXIA	2	
ELAHERE	3	PA; Preferred Alternatives (carboplatin, cyclophosphamide, etoposide, paclitaxel, LYNPARZA, ZIRABEV)
ELIGARD	3	PA
ELIGARD (3 MONTH)	3	PA
ELIGARD (4 MONTH)	3	PA
ELIGARD (6 MONTH)	3	PA
ELREXFIO	3	PA; Preferred Alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
ELZONRIS	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
EMPLICITI	3	PA; Preferred Alternatives (bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID)
EMRELIS	3	PA
ENHERTU	3	ST
ENSACOVE	3	PA
ENSPRYNG	3	PA
ERBITUX	3	PA
eribulin	3	PA
ERIVEDGE	3	ST; QL (30 Per fill)
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 Per fill)
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 Per fill)
erlotinib oral tablet 100 mg, 150 mg	3	ST; QL (30 Per fill)
erlotinib oral tablet 25 mg	3	ST; QL (60 Per fill)
ERWINASE	3	
etoposide	1	
EULEXIN	3	
everolimus (antineoplastic)	3	ST; QL (30 Per fill)
everolimus (immunosuppressive)	3	
EVOMELA	3	Preferred Alternatives (melphalan hcl)
exemestane	1	
FARESTON	3	Preferred Alternatives (toremifene citrate)
FEMARA	3	Preferred Alternatives (letrozole)
FENSOLVI	3	
FIRMAGON KIT W DILUENT SYRINGE	3	ST
FOLOTYN	3	PA
FRUZAQLA	3	PA
FYARRO	3	PA
GAMIFANT	3	PA
GAVRETO	3	PA; QL (120 Per fill)
GAZYVA	3	PA
gefitinib	3	PA; QL (30 Per fill)
gengraf	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
GILOTRIF	3	ST; QL (30 Per fill)
GLEOSTINE	2	
GOMEKLI	3	PA
HALAVEN	3	PA; Preferred Alternatives (eribulin mesylate)
HEPZATO (50 MM CATHETER)	3	
HERCESSI	3	ST
HYCAMTIN	3	PA
HYDREA	3	Preferred Alternatives (hydroxyurea)
hydroxyurea	1	
IBRANCE	3	PA; QL (21 Per fill)
IBTROZI	3	PA
ICLUSIG	3	ST; QL (30 Per fill)
IDHIFA	3	PA; QL (30 Per fill)
imatinib oral tablet 100 mg	3	ST; QL (180 Per fill)
imatinib oral tablet 400 mg	3	ST; QL (60 Per fill)
IMBRUVICA ORAL CAPSULE 140 MG	3	ST; QL (120 Per fill)
IMBRUVICA ORAL CAPSULE 70 MG	3	ST; QL (30 Per fill)
IMBRUVICA ORAL SUSPENSION	3	ST; QL (324 Per fill)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	3	PA; QL (30 Per fill)
IMBRUVICA ORAL TABLET 420 MG	3	ST; QL (30 Per fill)
IMDELLTRA	3	PA
IMFINZI	3	PA
IMJUDO	3	PA
IMKELDI	3	ST
IMURAN	3	Preferred Alternatives (azathioprine)
INLYTA ORAL TABLET 1 MG	3	ST; QL (180 Per fill)
INLYTA ORAL TABLET 5 MG	3	ST; QL (120 Per fill)
IRESSA	3	PA; QL (30 Per fill); Preferred Alternatives (gefitinib)
ISTODAX	3	PA
IWILFIN	3	PA
IXEMPRA	3	PA
JAKAFI	3	PA; QL (60 Per fill)
JELMYTO	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
JEMPERLI	3	PA; Preferred Alternatives (KEYTRUDA)
JEVTANA	3	PA
KADCYLA	3	ST
KEYTRUDA	3	PA
KIMMTRAK	3	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; QL (21 Per fill)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; QL (42 Per fill)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; QL (63 Per fill)
KOSELUGO	3	PA; Preferred Alternatives (GOMEKLI)
KYPROLIS	3	PA
lanreotide	3	ST; QL (1 per 21 days)
lapatinib	3	ST; QL (180 Per fill)
LAZCLUZE	3	PA
lenalidomide	3	PA; QL (30 Per fill)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; QL (30 Per fill)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; QL (90 Per fill)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; QL (60 Per fill)
letrozole	1	
LEUKERAN	2	
leuprolide	3	ST
LIBTAYO	3	PA
LONSURF	3	PA
LOQTORZI	3	PA
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 Per fill)
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 Per fill)
LUMAKRAS	3	PA
LUNSUMIO	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
LUPKYNIS	3	PA; QL (180 Per fill)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH)	3	PA
LUPRON DEPOT (6 MONTH)	3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA
LUTRATE DEPOT (3 MONTH)	3	ST
LYNOZYFIC	3	PA; Preferred Alternatives (bortezomib, lenalidomide, DARZALEX, KYPROLIS, NINLARO, POMALYST, THALOMID)
LYNPARZA	3	PA; QL (120 Per fill)
LYSODREN	3	
LYTGOBI	3	PA
MATULANE	3	
megestrol	1	
MEKINIST ORAL RECON SOLN	3	ST; QL (1260 Per fill)
MEKINIST ORAL TABLET 0.5 MG	3	ST; QL (90 Per fill)
MEKINIST ORAL TABLET 2 MG	3	ST; QL (30 Per fill)
MEKTOVI	3	PA; QL (180 Per fill)
mercaptopurine oral suspension	3	ST
mercaptopurine oral tablet	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mitoxantrone	3	
MODEYSO	3	PA
MONJUVI	3	PA; Preferred Alternatives (cyclophosphamide, doxorubicin hcl, lenalidomide, vincristine sulfate, RUXIENCE)
MVASI	3	ST; Preferred Alternatives (ZIRABEV)

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
MYCAPSSA	3	ST; Preferred Alternatives (SOMATULINE DEPOT); QL (56 per 21 days)
mycophenolate mofetil	3	
mycophenolate mofetil (hcl)	3	
mycophenolate sodium	3	
MYFORTIC	3	Preferred Alternatives (mycophenolic acid)
MYHIBBIN	3	
MYLERAN	2	
MYLOTARG	3	PA
nelarabine	3	
NEMLUVIO	2	PA; QL (2 per 21 days)
NEORAL	3	Preferred Alternatives (cyclosporine)
NERLYNX	3	PA
NEXAVAR	3	PA; QL (120 Per fill); Preferred Alternatives (sorafenib)
nilotinib hcl oral capsule 150 mg, 200 mg	3	ST; QL (112 Per fill)
nilotinib hcl oral capsule 50 mg	3	ST; QL (120 Per fill)
nilutamide	1	PA
NINLARO	3	PA; QL (3 Per fill)
NUBEQA	3	PA; QL (120 Per fill)
octreotide acetate	3	ST
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg	3	ST; QL (1 per 21 days)
octreotide,microspheres intramuscular suspension,extended rel recon 20 mg	3	ST; QL (2 per 21 days)
ODOMZO	3	PA; QL (30 Per fill)
OGIVRI	3	ST
OGSIVEO	3	PA
OJEMDA	3	PA
ONIVYDE	3	PA
OPDIVO	3	PA
OPDIVO QVANTIG	3	PA
OPDUALAG	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
ORGOVYX	3	QL (30 Per fill); Preferred Alternatives (ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT)
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 Per fill)
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 Per fill)
paclitaxel protein-bound	3	
PADCEV	3	PA
pazopanib	3	ST; QL (120 Per fill)
PEMAZYRE	3	PA; QL (28 Per fill)
PERJETA	3	ST
PHESGO	3	PA
PIQRAY	3	PA
POLIVY	3	PA
POMALYST	3	PA
POTELIGEO	3	PA
PRALATREXATE	3	PA
PROGRAF INTRAVENOUS	3	
PROGRAF ORAL CAPSULE	3	Preferred Alternatives (TACROLIMUS)
PROGRAF ORAL GRANULES IN PACKET	3	
PURIXAN	3	ST
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA; QL (60 Per fill)
RETEVMO ORAL TABLET 40 MG	3	PA; QL (90 Per fill)
REVLIMID	3	PA; QL (30 Per fill); Preferred Alternatives (lenalidomide)
REVUFORJ	3	PA
REZUROCK	3	PA; QL (30 Per fill)
romidepsin intravenous recon soln	3	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; Preferred Alternatives (ISTODAX)
ROMVIMZA	3	PA; QL (8 Per fill)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (30 Per fill)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 Per fill)
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; QL (42 Per fill)

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
RUXIENCE	3	ST
RYBREVANT	3	PA; Preferred Alternatives (EXKIVITY)
RYDAPT	3	PA; QL (224 Per fill)
RYLAZE	3	PA
SANDIMMUNE	3	Preferred Alternatives (cyclosporine)
SANDOSTATIN	3	ST; Preferred Alternatives (octreotide acetate)
SAPHNELO	3	PA; Preferred Alternatives (BENLYSTA)
SARCLISA	3	PA; Preferred Alternatives (DARZALEX)
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 Per fill)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; QL (60 Per fill)
SIGNIFOR	3	PA
SIMULECT	3	
sirolimus	3	
SOLTAMOX	3	Preferred Alternatives (tamoxifen citrate)
SOMATULINE DEPOT	3	ST; QL (1 per 21 days)
sorafenib	3	ST; QL (120 Per fill)
STIVARGA	3	ST; QL (84 Per fill)
sunitinib malate oral capsule 12.5 mg	3	ST; QL (90 Per fill)
sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg	3	ST; QL (30 Per fill)
SUPPRELIN LA	3	
SUTENT ORAL CAPSULE 12.5 MG	3	PA; QL (90 Per fill); Preferred Alternatives (sunitinib malate)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	3	PA; QL (30 Per fill); Preferred Alternatives (sunitinib malate)
SYLVANT	3	PA
TABLOID	3	
TABRECTA	3	PA
TACROLIMUS INTRAVENOUS	3	
tacrolimus oral	3	
TAFINLAR ORAL CAPSULE	3	ST; QL (120 Per fill)
TAFINLAR ORAL TABLET FOR SUSPENSION	3	ST; QL (840 Per fill)

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
TAGRISSO	3	PA; QL (30 Per fill)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML	3	PA; Preferred Alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
TALVEY SUBCUTANEOUS SOLUTION 40 MG/ML	3	PA
TALZENNA	3	PA; QL (30 Per fill)
tamoxifen	1	
TARGRETIN	3	ST; Preferred Alternatives (bexarotene)
TAZVERIK	3	PA
TECENTRIQ	3	PA
TECENTRIQ HYBREZA	3	PA
TECVAYLI	3	PA; Preferred Alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
TEMODAR	3	
temozolomide	3	PA
temsirolimus	3	PA
TEVIMBRA	3	PA
THALOMID ORAL CAPSULE 100 MG	3	PA; QL (112 Per fill)
THALOMID ORAL CAPSULE 50 MG	3	PA; QL (28 Per fill)
TIBSOVO	3	PA
TIVDAK	3	PA
topotecan	3	PA
toremifene	1	
TORISEL	3	PA; Preferred Alternatives (temsirolimus)
torpenz	3	ST; QL (30 Per fill)
TREANDA	3	PA; Preferred Alternatives (bendamustine hcl)
tretinoin (antineoplastic)	1	
TRIPTODUR	3	
TRODELVY	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
TRUQAP	3	PA
TUKYSA ORAL TABLET 150 MG	3	PA; QL (120 Per fill)
TUKYSA ORAL TABLET 50 MG	3	PA; QL (300 Per fill)
TURALIO	3	PA; QL (120 Per fill)
UNITUXIN	3	PA
valrubicin	3	PA
VECTIBIX	3	PA
VELCADE	3	PA; Preferred Alternatives (bortezomib)
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (56 Per fill)
VENCLEXTA ORAL TABLET 100 MG	2	PA; QL (180 Per fill)
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (28 Per fill)
VENCLEXTA STARTING PACK	2	PA; QL (42 Per fill)
VERZENIO	3	PA; QL (60 Per fill)
VIDAZA	3	Preferred Alternatives (azacitidine)
VIJOICE ORAL GRANULES IN PACKET	3	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	3	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	3	PA; QL (56 per 21 days)
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 Per fill)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 Per fill)
VITRAKVI ORAL SOLUTION	3	PA; QL (300 Per fill)
VIZIMPRO	3	PA; QL (30 Per fill)
VONJO	3	PA; QL (120 Per fill)
VORANIGO	3	PA
VOTRIENT	3	PA; QL (120 Per fill); Preferred Alternatives (pazopanib hcl)
VYLOY	3	PA
VYXEOS	3	PA
WELIREG	3	PA
XALKORI ORAL CAPSULE	3	ST; QL (60 Per fill)
XALKORI ORAL PELLET	3	ST; QL (120 Per fill)
XELODA ORAL TABLET 150 MG	3	ST; QL (56 Per fill); Preferred Alternatives (capecitabine)
XELODA ORAL TABLET 500 MG	3	ST; QL (140 Per fill); Preferred Alternatives (capecitabine)

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
XERMELO	3	PA; QL (84 Per fill)
XOSPATA	3	PA; QL (90 Per fill)
XTANDI ORAL CAPSULE	3	PA; QL (120 Per fill)
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 Per fill)
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 Per fill)
YERVOY	3	PA
YONDELIS	3	
YONSA	3	PA; QL (120 Per fill)
ZALTRAP	3	PA
ZELBORAF	3	ST; QL (224 Per fill)
ZEPZELCA	3	PA
ZIRABEV	3	ST
ZOLADEX	3	
ZOLINZA	3	PA; QL (120 Per fill)
ZORTRESS	3	Preferred Alternatives (everolimus)
ZYDELIG	3	PA; QL (60 Per fill)
ZYKADIA	3	ST; QL (90 Per fill)
ZYNLONTA	3	PA; Preferred Alternatives (cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE)
ZYNYZ	3	PA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	Preferred Alternatives (carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA)
BRIVIACT	3	ST; Preferred Alternatives (levetiracetam)
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	Preferred Alternatives (carbamazepine)

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Drug Name	Drug Tier	Requirements / Limits
CARBATROL	3	Preferred Alternatives (carbamazepine er)
CELONTIN	3	Preferred Alternatives (methsuximide)
clobazam	1	PA
clonazepam	1	
DEPAKOTE	3	ST; Preferred Alternatives (divalproex sodium)
DEPAKOTE ER	3	ST; Preferred Alternatives (divalproex sodium er)
DEPAKOTE SPRINKLES	3	ST; Preferred Alternatives (divalproex sodium)
DIACOMIT	3	PA
diazepam	1	
DILANTIN	2	
DILANTIN EXTENDED	3	Preferred Alternatives (phenytoin sodium)
DILANTIN INFATABS	3	Preferred Alternatives (phenytoin)
DILANTIN-125	3	Preferred Alternatives (phenytoin)
divalproex	1	
ELEPSIA XR	3	ST; Preferred Alternatives (levetiracetam)
EPIDIOLEX	3	PA
EQUETRO	3	Preferred Alternatives (carbamazepine, carbamazepine er)
eslicarbazepine	1	
ethosuximide	1	
felbamate	1	
FELBATOL	3	Preferred Alternatives (felbamate)
FYCOMPA	2	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet	1	
gabapentin oral tablet extended release 24 hr	1	ST
GRALISE	3	ST; Preferred Alternatives (gabapentin er)
lacosamide	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
LAMICTAL XR STARTER (BLUE)	3	ST; Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (GREEN)	3	ST; Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (ORANGE)	3	ST; Preferred Alternatives (lamotrigine)
lamotrigine	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	ST
methsuximide	1	
MYSOLINE	3	Preferred Alternatives (primidone)
NAYZILAM	2	PA; QL (2 Per fill)
oxcarbazepine	1	
perampanel	1	
phenobarbital	1	
PHENYTEK	3	Preferred Alternatives (phenytoin sodium)
phenytoin	1	
phenytoin sodium extended	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
pregabalin oral tablet extended release 24 hr	1	ST
primidone	1	
roweepra	1	
rufinamide	1	PA
SPRITAM	3	ST; Preferred Alternatives (levetiracetam, levetiracetam)
subvenite	1	
subvenite starter (blue) kit	1	
subvenite starter (green) kit	1	
subvenite starter (orange) kit	1	
SYMPAZAN	3	PA; Preferred Alternatives (clobazam)

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
TEGRETOL	3	Preferred Alternatives (carbamazepine)
TEGRETOL XR	3	Preferred Alternatives (carbamazepine er)
tiagabine	1	
topiramate oral capsule, sprinkle	1	
topiramate oral capsule,extended release 24hr	1	ST
topiramate oral capsule,sprinkle,er 24hr	1	ST
topiramate oral solution	1	
topiramate oral tablet	1	
TROKENDI XR	3	ST; Preferred Alternatives (topiramate, topiramate er)
valproic acid	1	
valproic acid (as sodium salt)	1	
VALTOCO	2	PA; QL (10 Per fill)
vigabatrin oral powder in packet	3	PA; QL (150 Per fill)
vigabatrin oral tablet	3	PA; QL (180 Per fill)
vigadrone oral powder in packet	3	PA; QL (150 Per fill)
vigadrone oral tablet	3	PA; QL (180 Per fill)
XCOPRI	3	QL (30 Per fill); Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI MAINTENANCE PACK	3	QL (56 Per fill); Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI TITRATION PACK	3	QL (28 Per fill); Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
ZARONTIN	3	Preferred Alternatives (ethosuximide)
zonisamide	1	
ZTALMY	3	PA
ANTIPARKINSONISM AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
apomorphine	3	QL (30 per 23 days)
AZILECT	3	ST; Preferred Alternatives (rasagiline mesylate)
benztropine	1	
bromocriptine	1	
carbidopa	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
CREXONT	3	ST; Preferred Alternatives (carbidopa-levodopa er)
DUOPA	3	Preferred Alternatives (carbidopa-levodopa, carbidopa-levodopa er, carbidopa-levodopa)
entacapone	1	
INBRIJA	3	PA; QL (300 Per fill)
LODOSYN	3	Preferred Alternatives (carbidopa)
NEUPRO	3	Preferred Alternatives (pramipexole di-hcl, pramipexole er, ropinirole hcl)
ONGENTYS	3	PA; QL (30 Per fill); Preferred Alternatives (entacapone)
pramipexole	1	
rasagiline	1	
ropinirole	1	
RYTARY	3	ST; Preferred Alternatives (carbidopa-levodopa, carbidopa-levodopa er)
selegiline hcl	1	
SINEMET	3	Preferred Alternatives (carbidopa-levodopa)
TASMAR	3	Preferred Alternatives (tolcapone)
tolcapone	1	
trihexyphenidyl	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 23 days)
AJOVY AUTOINJECTOR	2	PA; QL (1.5 per 23 days)
AJOVY SYRINGE	2	PA; QL (1 per 23 days)
almotriptan malate oral tablet 12.5 mg	1	ST; QL (12 Per fill)

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
almotriptan malate oral tablet 6.25 mg	1	ST; QL (6 Per fill)
dihydroergotamine injection	1	
dihydroergotamine nasal	1	ST; QL (8 Per fill)
eletriptan	1	QL (6 Per fill)
EMGALITY PEN	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 23 days)
ERGOMAR	3	Preferred Alternatives (ergotamine-caffeine)
ergotamine-caffeine	1	
FROVA	3	ST; QL (9 Per fill); Preferred Alternatives (frovatriptan succinate)
frovatriptan	1	ST; QL (9 Per fill)
migergot	1	
MIGRANAL	3	ST; QL (8 Per fill); Preferred Alternatives (dihydroergotamine mesylate)
naratriptan	1	QL (9 Per fill)
NURTEC ODT	2	PA; QL (16 Per fill)
QULIPTA	2	PA; QL (30 per 23 days)
REYVOW	3	PA; QL (8 Per fill); Preferred Alternatives (eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY)
rizatriptan	1	QL (18 Per fill)
sumatriptan	1	QL (6 Per fill)
sumatriptan succinate oral	1	QL (9 Per fill)
sumatriptan succinate subcutaneous	1	QL (1 Per fill)
TOSYMRA	3	ST; QL (6 Per fill); Preferred Alternatives (sumatriptan, zolmitriptan, ZOMIG)
UBRELVY	2	PA; QL (10 Per fill)
ZEMBRACE SYMTOUCH	3	ST; QL (2 Per fill); Preferred Alternatives (sumatriptan succinate)

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
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	ST; QL (6 Per fill); Preferred Alternatives (sumatriptan, zolmitriptan, ZOMIG)
zolmitriptan nasal spray,non-aerosol 5 mg	1	ST; QL (6 Per fill)
zolmitriptan oral	1	QL (6 Per fill)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	ST; QL (6 Per fill)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; QL (6 Per fill); Preferred Alternatives (zolmitriptan)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	ST; Preferred Alternatives (donepezil hcl)
AMVUTTRA	3	ST
ARICEPT	3	ST; Preferred Alternatives (donepezil hcl)
dalfampridine	3	ST; QL (60 Per fill)
dichlorphenamide	3	ST
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST
donepezil oral tablet,disintegrating	1	
edaravone intravenous solution 30 mg/100 ml	3	
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	3	
EVRYSDI ORAL RECON SOLN	3	PA; QL (240 Per fill); Preferred Alternatives (SPINRAZA)
EVRYSDI ORAL TABLET	3	PA; QL (30 Per fill); Preferred Alternatives (SPINRAZA)
EXELON PATCH	3	ST; Preferred Alternatives (rivastigmine)
FIRDAPSE	3	PA
galantamine	1	
HORIZANT	3	ST; Preferred Alternatives (gabapentin, gabapentin er, pregabalin, pregabalin er)
INGREZZA	3	ST; QL (30 Per fill)
INGREZZA INITIATION PK(TARDIV)	3	ST; QL (28 Per fill)
INGREZZA SPRINKLE	3	ST; QL (30 Per fill)
memantine oral capsule,sprinkle,er 24hr	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
memantine oral solution	1	
memantine oral tablet	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	Preferred Alternatives (memantine hcl)
memantine-donepezil	1	ST
NAMENDA XR	3	Preferred Alternatives (memantine hcl er)
NAMZARIC	2	ST
NUEDEXTA	2	
NULIBRY	3	PA
ormalvi	3	ST
RADICAVA	3	
RADICAVA ORS STARTER KIT SUSP	3	
rivastigmine	1	
rivastigmine tartrate	1	
SKYCLARYS	3	PA
SPINRAZA (PF)	3	PA; QL (5 per 90 days)
tetrabenazine oral tablet 12.5 mg	3	ST; QL (120 Per fill)
tetrabenazine oral tablet 25 mg	3	ST; QL (60 Per fill)
TYRUKO	3	PA
TYSABRI	3	PA; QL (15 Per fill)
ZEPOSIA	3	PA; QL (30 Per fill)
ZEPOSIA STARTER KIT (28-DAY)	3	PA; QL (28 Per fill)
ZEPOSIA STARTER PACK (7-DAY)	3	PA; QL (7 Per fill)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral solution	1	ST
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol	1	Preferred Alternatives (metaxalone, tizanidine hcl)
carisoprodol-aspirin	1	Preferred Alternatives (metaxalone, tizanidine hcl)
carisoprodol-aspirin-codeine	1	Preferred Alternatives (metaxalone, tizanidine hcl)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	PA
chlorzoxazone 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
cyclobenzaprine oral capsule,extended release 24hr	1	ST
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	1	PA
DANTRIUM	3	Preferred Alternatives (dantrolene sodium)
dantrolene	1	
FEXMID	3	ST; Preferred Alternatives (cyclobenzaprine hcl)
LORZONE	3	ST; Preferred Alternatives (chlorzoxazone)
meprobamate	1	Preferred Alternatives (alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam)
metaxalone	1	
methocarbamol	1	
NORGESIC	3	PA
NORGESIC FORTE	3	PA; Preferred Alternatives (orphenadrine-aspirin-caffeine)
orphenadrine citrate	1	
orphenadrine-asa-caffeine	1	PA
orphengesic forte	1	PA
pyridostigmine bromide oral syrup	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	Preferred Alternatives (pyridostigmine bromide)
pyridostigmine bromide oral tablet 60 mg	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	
pyridostigmine bromide oral tablet extended release 180 mg	1	
SOMA	3	Preferred Alternatives (metaxalone, tizanidine hcl)
tanlor	1	
tizanidine oral capsule	1	PA
tizanidine oral tablet	1	
vanadom	1	Preferred Alternatives (metaxalone, tizanidine hcl)
VYVGART	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
VYVGART HYTRULO	3	PA
ZANAFLEX	3	Preferred Alternatives (tizanidine hcl)
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	
acetaminophen-codeine	1	
ascomp with codeine	1	
BELBUCA	2	PA; QL (60 Per fill)
BRIXADI	3	
buprenorphine	1	PA
buprenorphine hcl	1	
butalbital-acetaminop-caf-cod	1	
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
codeine sulfate	1	
codeine-butalbital-asa-caff	1	
DILAUDID	3	Preferred Alternatives (hydromorphone hcl)
diskets	1	
DSUVIA	3	
endocet	1	
fentanyl	1	PA; QL (15 per 23 days)
FENTANYL CITRATE	3	PA; Preferred Alternatives (fentanyl citrate); QL (90 per 23 days)
FIORICET	3	ST; Preferred Alternatives (butalbital-acetaminophen-caffe)
hydrocodone bitartrate oral capsule, oral only, er 12hr	1	PA; QL (90 per 23 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	1	PA; QL (60 per 23 days)
hydrocodone-acetaminophen	1	
hydrocodone-ibuprofen	1	
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	1	PA; QL (60 per 23 days)
hydromorphone rectal	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
HYSINGLA ER	3	PA; Preferred Alternatives (hydrocodone bitartrate er); QL (60 per 23 days)
meperidine oral solution	1	Preferred Alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl)
meperidine oral tablet	1	Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
methadone	1	
methadose	1	
morphine concentrate	1	
morphine oral capsule, er multiphase 24 hr	1	PA; QL (60 per 23 days)
morphine oral capsule,extend.release pellets	1	PA; QL (90 per 23 days)
morphine oral solution	1	
morphine oral tablet	1	
morphine oral tablet extended release	1	PA; QL (120 per 23 days)
morphine rectal	1	
MS CONTIN	3	PA; Preferred Alternatives (morphine sulfate er); QL (120 per 23 days)
NALOCET	3	PA; Preferred Alternatives (oxycodone-acetaminophen)
oxycodone	1	
oxycodone-acetaminophen oral solution	1	PA
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxymorphone oral tablet	1	
oxymorphone oral tablet extended release 12 hr	1	PA; QL (90 per 23 days)
prolate	1	PA
ROXICODONE	3	Preferred Alternatives (oxycodone hcl)
SUBLOCADE	3	
tencon	1	
TREZIX	3	Preferred Alternatives (apap-caffeine-dihydrocodeine)
NON-NARCOTIC ANALGESICS		

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
adult aspirin regimen	1	ACA
ANAPROX DS	3	ST; Preferred Alternatives (naproxen sodium)
ARTHROTEC 50	3	ST; Preferred Alternatives (diclofenac sodium-misoprostol)
ARTHROTEC 75	3	ST; Preferred Alternatives (diclofenac sodium-misoprostol)
aspirin	1	ACA
aspirin childrens	1	ACA
bayer low dose aspirin	1	ACA
buprenorphine-naloxone	1	
butorphanol injection	1	
butorphanol nasal	1	QL (5 Per fill)
CAMBIA	3	ST; QL (9 Per fill); Preferred Alternatives (diclofenac potassium)
celecoxib	1	
diclofenac potassium oral capsule	1	ST
diclofenac potassium oral powder in packet	1	ST; QL (9 Per fill)
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
diclofenac sodium topical drops	1	QL (150 per 21 days)
diclofenac sodium topical gel	1	QL (500 per 21 days)
diclofenac sodium topical solution in metered-dose pump	1	ST; QL (112 per 21 days)
diclofenac-misoprostol	1	
diflunisal	1	
DISALCID	3	Preferred Alternatives (salsalate)
EC-NAPROSYN	3	ST; Preferred Alternatives (naproxen)
ecotrin low strength	1	ACA
etodolac	1	
fenoprofen	1	ST
FLECTOR	2	ST; QL (60 Per fill)
flurbiprofen	1	
ibu	1	
ibuprofen	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
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
indomethacin oral suspension	1	ST
indomethacin rectal	1	
JOURNAVX	3	Preferred Alternatives (acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen); QL (30 per 68 days)
ketoprofen oral capsule 25 mg	1	PA
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr	1	ST
ketorolac	1	QL (20 Per fill)
KLOXXADO	2	QL (2 Per fill)
LICART	2	ST; QL (30 Per fill)
LODINE	3	ST
lofena	1	ST
lofexidine	1	PA; QL (224 Per fill)
LOTREXONE	3	
lurbiro	1	
meclofenamate	1	
mefenamic acid	1	
meloxicam	1	QL (30 Per fill)
meloxicam submicronized	1	ST; QL (30 Per fill)
nabumetone	1	
NALFON	3	ST; Preferred Alternatives (fenoprofen calcium)
naloxone	1	
NALTREX	3	
naltrexone	1	
NAPRELAN CR	3	ST; Preferred Alternatives (naproxen sodium er)
NAPROSYN	3	ST; Preferred Alternatives (naproxen)
naproxen oral suspension	1	ST
naproxen oral tablet	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
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	ST
naproxen sodium oral tablet	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST
NARCAN	3	QL (2 Per fill); Preferred Alternatives (naloxone hcl)
OPVEE	3	Preferred Alternatives (naloxone hcl, KLOXXADO, REXTOVY)
oxaprozin	1	
pentazocine-naloxone	1	Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
piroxicam	1	
REXTOVY	2	QL (2 Per fill)
salsalate	1	
st joseph aspirin	1	ACA
st. joseph aspirin	1	ACA
sulindac	1	
TOLECTIN 600	3	ST
tolmetin	1	ST
tramadol oral tablet 100 mg	1	QL (120 Per fill)
tramadol oral tablet 50 mg	1	QL (240 Per fill)
tramadol oral tablet extended release 24 hr	1	PA; QL (30 Per fill)
tramadol oral tablet, er multiphase 24 hr	1	PA; QL (30 Per fill)
tramadol-acetaminophen	1	QL (240 Per fill)
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE	3	
ADZENYS XR-ODT	3	ST; Preferred Alternatives (dextroamphetamine-amphet er, lisdexamfetamine dimesylate)
alprazolam	1	
alprazolam intensol	1	
amitriptyline	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
amitriptyline-chlordiazepoxide	1	
amoxapine	1	
amphetamine sulfate	1	
ANAFRANIL	3	Preferred Alternatives (clomipramine hcl)
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (30 Per fill)
aripiprazole oral tablet,disintegrating	1	QL (60 Per fill)
armodafinil	1	ST; QL (30 Per fill)
asenapine maleate	1	QL (60 Per fill)
ATIVAN	3	Preferred Alternatives (lorazepam)
atomoxetine	1	
AUVELITY	3	ST; QL (60 Per fill); Preferred Alternatives (bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA)
AZSTARYS	2	ST
BELSOMRA	3	ST; QL (30 Per fill); Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr	1	QL (30 Per fill)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (60 Per fill)
buspirone	1	
CAPLYTA	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
chlordiazepoxide hcl	1	
chlorpromazine	1	
citalopram oral solution	1	
citalopram oral tablet	1	QL (30 Per fill)
clomipramine	1	
clonidine hcl	1	
clorazepate dipotassium	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
clozapine	1	
CLOZARIL	3	Preferred Alternatives (clozapine)
COTEMPLA XR-ODT	3	ST; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS)
DAYTRANA	3	ST; Preferred Alternatives (methylphenidate)
DAYVIGO	3	ST; QL (30 Per fill); Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
desipramine	1	
DESOXYN	3	Preferred Alternatives (methamphetamine hcl)
DESVENLAFAXINE	3	ST; QL (30 Per fill); Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)
desvenlafaxine succinate	1	ST; QL (30 Per fill)
DEXEDRINE SPANSULE	3	ST; Preferred Alternatives (dextroamphetamine sulfate er)
dexmethylphenidate	1	
dextroamphetamine sulfate	1	
dextroamphetamine-amphetamine	1	
diazepam	1	
diazepam intensol	1	
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	1	ST; QL (30 Per fill)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 Per fill)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (30 Per fill)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL (30 Per fill)

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
EDLUAR	3	ST; QL (30 Per fill); Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate)
EMSAM	3	Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
ergoloid	1	
escitalopram oxalate oral solution	1	ST
escitalopram oxalate oral tablet	1	QL (30 Per fill)
estazolam	1	QL (15 Per fill)
eszopiclone	1	QL (30 Per fill)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL (28 Per fill)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL (30 Per fill)
fluoxetine oral capsule 10 mg	1	QL (30 Per fill)
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (60 Per fill)
fluoxetine oral capsule,delayed release(dr/ec)	1	ST; QL (4 Per fill)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg	1	ST; QL (30 Per fill)
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluphenazine hcl	1	
flurazepam	1	QL (15 Per fill)
fluvoxamine oral capsule,extended release 24hr	1	ST; QL (60 Per fill)
fluvoxamine oral tablet 100 mg	1	QL (90 Per fill)
fluvoxamine oral tablet 25 mg	1	QL (30 Per fill)
fluvoxamine oral tablet 50 mg	1	QL (60 Per fill)
GEODON	3	QL (60 Per fill); Preferred Alternatives (ziprasidone hcl)
guanfacine	1	
HALCION	3	QL (15 Per fill); Preferred Alternatives (triazolam)
haloperidol	1	
haloperidol lactate	1	
HETLIOZ	3	ST; QL (30 Per fill)
HETLIOZ LQ	3	ST; QL (158 Per fill)

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
IGALMI	3	
imipramine hcl	1	
imipramine pamoate	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (30 Per fill); Preferred Alternatives (paliperidone er)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (60 Per fill); Preferred Alternatives (paliperidone er)
JORNAY PM	3	ST; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS)
lisdexamfetamine oral capsule	1	
lisdexamfetamine oral tablet,chewable	1	ST
lithium carbonate	1	
lithium citrate	1	
LITHOBID	3	Preferred Alternatives (lithium carbonate)
lorazepam	1	
lorazepam intensol	1	
loxapine succinate	1	
LUMRYZ	3	QL (30 Per fill)
LUMRYZ STARTER PACK	3	QL (28 Per fill)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 Per fill)
lurasidone oral tablet 80 mg	1	QL (60 Per fill)
LYBALVI	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
MARPLAN	3	Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
METADATE CD	3	ST
methamphetamine	1	
METHYLIN	3	Preferred Alternatives (methylphenidate hcl)
methylphenidate	1	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
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet extended release 24hr	1	
methylphenidate hcl oral tablet,chewable	1	
midazolam	1	
mirtazapine	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
modafinil oral tablet 100 mg	1	ST; QL (30 Per fill)
modafinil oral tablet 200 mg	1	ST; QL (60 Per fill)
molindone	1	
MYDAYIS	3	ST; Preferred Alternatives (dextroamphetamine-amphet er)
NARDIL	3	Preferred Alternatives (phenelzine sulfate)
nefazodone	1	Preferred Alternatives (bupropion hcl, mirtazapine, trazodone hcl)
nortriptyline	1	
NUPLAZID	3	PA; QL (30 Per fill); Preferred Alternatives (clozapine, quetiapine fumarate)
olanzapine	1	QL (30 Per fill)
olanzapine-fluoxetine	1	
oxazepam	1	Preferred Alternatives (lorazepam)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 Per fill)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 Per fill)
PAMELOR	3	Preferred Alternatives (nortriptyline 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
PARNATE	3	Preferred Alternatives (tranylcypromine sulfate)
paroxetine hcl oral suspension	1	ST
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (30 Per fill)
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (60 Per fill)
paroxetine hcl oral tablet extended release 24 hr	1	ST; QL (60 Per fill)
PAXIL CR	3	ST; QL (60 Per fill); Preferred Alternatives (paroxetine er)
PAXIL ORAL SUSPENSION	3	ST; Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET 10 MG, 40 MG	3	ST; QL (30 Per fill); Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET 20 MG, 30 MG	3	ST; QL (60 Per fill); Preferred Alternatives (paroxetine hcl)
perphenazine	1	
perphenazine-amitriptyline	1	
phenelzine	1	
pimozide	1	
procentra	1	
protriptyline	1	
QELBREE	3	ST; Preferred Alternatives (atomoxetine hcl, clonidine hcl er, guanfacine hcl er)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 Per fill)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 Per fill)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 Per fill)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 Per fill)
QUVIVIQ	3	ST; QL (30 Per fill); Preferred Alternatives (doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er)
ramelteon	1	QL (30 Per fill)
REMERON	3	Preferred Alternatives (mirtazapine)
REMERON SOLTAB	3	Preferred Alternatives (mirtazapine)

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
RESTORIL	3	QL (15 Per fill); Preferred Alternatives (lorazepam)
REXULTI	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
RISPERDAL ORAL SOLUTION	3	Preferred Alternatives (risperidone)
RISPERDAL ORAL TABLET	3	QL (60 Per fill); Preferred Alternatives (risperidone)
risperidone oral solution	1	
risperidone oral tablet	1	QL (60 Per fill)
risperidone oral tablet,disintegrating	1	QL (60 Per fill)
SECUADO	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
sertraline oral capsule	1	ST; QL (30 Per fill)
sertraline oral concentrate	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 Per fill)
sertraline oral tablet 25 mg	1	QL (45 Per fill)
SILENOR	3	ST; QL (30 Per fill); Preferred Alternatives (doxepin hcl)
SODIUM OXYBATE	3	QL (540 Per fill); Preferred Alternatives (LUMRYZ, SODIUM OXYBATE, XYWAV)
SPRAVATO	2	PA
SUNOSI	2	ST; QL (30 Per fill)
tasimelteon	3	ST; QL (30 Per fill)
temazepam	1	QL (15 Per fill); Preferred Alternatives (lorazepam)
thioridazine	1	
thiothixene	1	
tranylcypromine	1	
trazodone	1	
triazolam	1	QL (15 Per fill)
trifluoperazine	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
trimipramine	1	
TRINTELLIX	3	ST; QL (30 Per fill); Preferred Alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 Per fill)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 Per fill)
venlafaxine oral tablet	1	QL (90 Per fill)
venlafaxine oral tablet extended release 24hr	1	ST; QL (30 Per fill)
VERSACLOZ	3	Preferred Alternatives (clozapine odt, clozapine)
vilazodone	1	ST; QL (30 Per fill)
VRAYLAR	3	QL (30 Per fill); Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
WAKIX ORAL TABLET 17.8 MG	3	ST; QL (60 Per fill); Preferred Alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI)
WAKIX ORAL TABLET 4.45 MG	3	ST; QL (30 Per fill); Preferred Alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI)
XYWAV	3	QL (540 Per fill)
zaleplon	1	QL (30 Per fill)
zenzedi oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	Preferred Alternatives (dextroamphetamine sulfate)
ziprasidone hcl	1	QL (60 Per fill)
zolpidem	1	QL (30 Per fill)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	QL (14 per 365 days)
ZYPREXA	3	QL (30 Per fill); Preferred Alternatives (olanzapine)

AUTONOMIC & CNS DRUGS, NEUROLOGY

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
MULTIPLE SCLEROSIS AGENTS		
AVONEX	3	PA; QL (1 per 21 days)
BAFIERTAM	3	PA; QL (120 Per fill)
BETASERON	3	PA; QL (14 per 23 days)
dimethyl fumarate	3	PA; QL (60 Per fill)
fingolimod	3	PA; QL (30 Per fill)
glatiramer subcutaneous syringe 20 mg/ml	3	PA; QL (1 per 23 days)
glatiramer subcutaneous syringe 40 mg/ml	3	PA; QL (12 per 23 days)
glatopa subcutaneous syringe 20 mg/ml	3	PA; QL (1 per 23 days)
glatopa subcutaneous syringe 40 mg/ml	3	PA; QL (12 per 23 days)
KESIMPTA PEN	3	PA; QL (1 per 21 days)
LEMTRADA	3	PA; QL (3.6 per 365 days)
MAVENCLAD (10 TABLET PACK)	3	PA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	3	PA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	3	PA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	3	PA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	3	PA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	3	PA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	3	PA; QL (36 per 720 days)
MAYZENT	3	PA; QL (30 Per fill)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; QL (7 Per fill)
MAYZENT STARTER(FOR 2MG MAINT)	3	PA; QL (12 Per fill)
OCREVUS	3	PA; QL (20 per 135 days)
OCREVUS ZUNOVO	3	PA; QL (23 per 135 days)
PLEGRIDY INTRAMUSCULAR	3	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; QL (1 per 365 days)
REBIF (WITH ALBUMIN)	3	PA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; QL (6 per 21 days)

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
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; QL (4.2 per 21 days)
REBIF TITRATION PACK	3	PA; QL (4.2 per 21 days)
teriflunomide	3	PA; QL (30 Per fill)
VUMERITY	3	PA; QL (120 Per fill)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone	1	
BETAPACE	3	Preferred Alternatives (sotalol)
BETAPACE AF	3	Preferred Alternatives (sotalol af)
disopyramide phosphate	1	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
dofetilide	1	
flecainide	1	
mexiletine	1	
MULTAQ	2	
pacerone	1	
propafenone	1	
quinidine gluconate	1	
quinidine sulfate	1	
sotalol	1	
sotalol af	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	
ALDACTONE	3	Preferred Alternatives (spironolactone)
aliskiren	1	
ALTACE	3	Preferred Alternatives (ramipril)
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	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
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
atenolol-chlorthalidone	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide	1	
candesartan	1	
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
CARDIZEM	3	Preferred Alternatives (diltiazem hcl)
CARDIZEM CD	3	Preferred Alternatives (cartia xt, diltiazem 24hr er (cd))
CARDIZEM LA	3	Preferred Alternatives (matzim la)
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 Per fill); Preferred Alternatives (doxazosin mesylate)
CARDURA ORAL TABLET 8 MG	3	QL (60 Per fill); Preferred Alternatives (doxazosin mesylate)
CARDURA XL	3	QL (30 Per fill); Preferred Alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl)
cartia xt	1	
carvedilol	1	
carvedilol phosphate	1	
CATAPRES-TTS-1	3	Preferred Alternatives (clonidine hcl); QL (4 per 21 days)
CATAPRES-TTS-2	3	Preferred Alternatives (clonidine hcl); QL (4 per 21 days)
CATAPRES-TTS-3	3	Preferred Alternatives (clonidine hcl); QL (4 per 21 days)
chlorthalidone	1	
clonidine	1	QL (4 per 21 days)
clonidine hcl	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
CONSENSI	3	PA; Preferred Alternatives (amlodipine besylate, celecoxib)
COREG CR	3	Preferred Alternatives (carvedilol er)
DEMSER	3	PA; Preferred Alternatives (metyrosine)
diltiazem	1	
dilt-xr	1	
DIURIL	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 Per fill)
doxazosin oral tablet 8 mg	1	QL (60 Per fill)
EDECRIN	3	ST; Preferred Alternatives (ethacrynic acid)
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
epoprostenol	3	ST
eprosartan	1	
ethacrynic acid	1	
felodipine	1	
FLOLAN	3	ST
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide	1	
guanfacine	1	
HEMANGEOL	3	ST
hydralazine	1	
hydrochlorothiazide	1	
indapamide	1	
INSPRA	3	Preferred Alternatives (eplerenone)
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide-hydralazine	1	
isradipine	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 Per fill)
KERENDIA ORAL TABLET 40 MG	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
labetalol	1	
LASIX	3	ST; Preferred Alternatives (furosemide)
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR	3	Preferred Alternatives (metoprolol tartrate)
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN	3	Preferred Alternatives (benazepril hcl)
LOTENSIN HCT	3	Preferred Alternatives (benazepril-hydrochlorothiazide)
matzim la	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate	1	
metyrosine	1	PA
minoxidil	1	
moexipril	1	
nadolol	1	
nebivolol	1	
nicardipine	1	
nifedipine oral capsule	1	Preferred Alternatives (nicardipine hcl, isradipine)
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nimodipine	1	
nisoldipine	1	
NYMALIZE	3	Preferred Alternatives (nimodipine)
olmesartan	1	
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	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
ORENITRAM	3	PA; QL (90 Per fill); Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 1 TITRATION KT	3	PA; QL (168 Per fill); Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 2 TITRATION KT	3	PA; QL (336 Per fill); Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 3 TITRATION KT	3	PA; QL (252 Per fill); Preferred Alternatives (UPTRAVI)
perindopril erbumine	1	
phenoxybenzamine	1	
pindolol	1	
prazosin	1	
PRESTALIA	3	Preferred Alternatives (amlodipine besylate-benazepril)
PROCARDIA XL	3	Preferred Alternatives (nifedipine er)
propranolol	1	
propranolol-hydrochlorothiazid	1	
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
REMODULIN	3	ST; Preferred Alternatives (treprostinil)
spironolactone	1	
spironolacton-hydrochlorothiaz	1	
SULAR	3	Preferred Alternatives (nisoldipine)
telmisartan	1	
telmisartan-hydrochlorothiazid	1	
TENORETIC 100	3	Preferred Alternatives (atenolol-chlorthalidone)
TENORETIC 50	3	Preferred Alternatives (atenolol-chlorthalidone)
TENORMIN	3	Preferred Alternatives (atenolol)
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 Per fill)
terazosin oral capsule 10 mg	1	QL (60 Per fill)
tiadylt er	1	
TIAZAC	3	Preferred Alternatives (diltiazem er, taztia xt)

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
timolol maleate	1	
torsemide	1	
trandolapril	1	
trandolapril-verapamil	1	
treprostinil sodium	3	ST
triamterene-hydrochlorothiazid	1	
UPTRAVI INTRAVENOUS	3	
UPTRAVI ORAL TABLET	3	PA; QL (60 Per fill)
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; QL (200 per 365 days)
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASERETIC	3	Preferred Alternatives (enalapril-hydrochlorothiazide)
VASOTEC	3	Preferred Alternatives (enalapril maleate)
veletri	3	ST
verapamil	1	
ZESTORETIC	3	Preferred Alternatives (lisinopril-hydrochlorothiazide)
ZESTRIL	3	Preferred Alternatives (lisinopril)
CARDIAC GLYCOSIDES		
digoxin	1	
LANOXIN	3	Preferred Alternatives (digoxin)
COAGULATION THERAPY		
ADVATE	3	ST
ADYNOVATE	3	ST
ADZYNMA	3	PA
AFSTYLA	3	ST
ALHEMO PEN	3	PA
ALPHANATE	3	ST
ALPHANINE SD	3	ST
ALPROLIX	3	ST
ALTUVIIIO	3	ST
AMICAR	3	Preferred Alternatives (aminocaproic acid)

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
aminocaproic acid	1	
ARIXTRA	3	Preferred Alternatives (fondaparinux sodium)
aspirin-dipyridamole	1	
BENEFIX	3	ST
CABLIVI	3	PA
CEPROTIN (BLUE BAR)	3	
CEPROTIN (GREEN BAR)	3	
cilostazol	1	
clopidogrel	1	
COAGADEX	3	PA
CORIFACT	3	PA
dabigatran etexilate	1	
dipyridamole	1	
DOPTELET (15 TAB PACK)	3	PA; QL (60 Per fill)
DOPTELET SPRINKLE	3	PA; QL (60 Per fill)
EFFIENT	3	Preferred Alternatives (prasugrel hcl)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS SPRINKLE	2	
ELOCTATE	3	ST
eltrombopag olamine	3	PA
enoxaparin	3	
ESPEROCT	3	ST
FEIBA NF	3	PA
FIBRYGA	3	
fondaparinux	3	
FRAGMIN	3	
HEMLIBRA	3	PA
HEMOFIL M HIGH	3	ST
HEMOFIL M LOW	3	ST
HEMOFIL M MID	3	ST
HEMOFIL M SUPER HIGH	3	ST
hep flush-10 (pf)	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
heparin (porcine)	1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	1	
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)	3	
heparin (porcine) in 5 % dex	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	3	
heparin lock flush (porcine)	1	
heparin lockflush(porcine)(pf)	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf)	1	
HUMATE-P	3	ST
HYMPAVZI PEN	3	PA
IDELVION	3	ST
jantoven	1	
JIVI	3	ST
KOATE	3	ST; Preferred Alternatives (ALPHANATE, HEMOFIL-M, HUMATE-P, WILATE)
KOGENATE FS	3	ST
KOVALTRY	3	ST
NOVOEIGHT	3	ST
NPLATE	3	PA
OBIZUR	3	
pentoxifylline	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 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
phytonadione (vitamin k1) injection solution 10 mg/ml	1	
phytonadione (vitamin k1) injection syringe	1	
phytonadione (vitamin k1) oral	1	QL (10 Per fill)
prasugrel hcl	1	
PROFILNINE	3	ST
RIASTAP	3	
rivaroxaban	1	
SEVENFACT	3	PA
TAVALISSE	3	PA; QL (60 Per fill)
ticagrelor	1	
TRETTEN	3	PA
vitamin k	1	
vitamin k1	1	
VONVENDI	3	PA
warfarin	1	
WILATE	3	ST
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	3	ST
XYNTHA SOLOFUSE	3	ST
ZONTIVITY	3	PA; Preferred Alternatives (clopidogrel, aspirin)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	QL (30 Per fill)
atorvastatin oral tablet 10 mg, 20 mg	1	QL (30 Per fill); ACA
atorvastatin oral tablet 40 mg, 80 mg	1	QL (30 Per fill)
CADUET	3	ST; QL (30 Per fill); Preferred Alternatives (amlodipine-atorvastatin)
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	
COLESTID	3	Preferred Alternatives (colestipol hcl)
colestipol	1	
EVKEEZA	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
ezetimibe	1	
ezetimibe-simvastatin	1	QL (30 Per fill)
fenofibrate micronized oral capsule 130 mg	1	ST
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
FIBRICOR	3	ST; Preferred Alternatives (fenofibric acid)
FLOLIPID	3	ST; QL (150 Per fill); Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
fluvastatin oral capsule 20 mg	1	QL (30 Per fill); ACA
fluvastatin oral capsule 40 mg	1	QL (60 Per fill); ACA
fluvastatin oral tablet extended release 24 hr	1	QL (30 Per fill); ACA
gemfibrozil	1	
icosapent ethyl	1	PA
JUXTAPID	3	
LESCOL XL	3	ST; QL (30 Per fill); Preferred Alternatives (fluvastatin er)
LOPID	3	Preferred Alternatives (gemfibrozil)
lovastatin oral tablet 10 mg	1	QL (30 Per fill); ACA
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 Per fill); ACA
NEXLETOL	2	PA
NEXLIZET	2	PA
niacin oral tablet	1	PA
niacin oral tablet extended release 24 hr	1	
NIACOR	3	PA; Preferred Alternatives (niacin er)
omega-3 acid ethyl esters	1	PA
pitavastatin calcium	1	QL (30 Per fill)
pravastatin	1	QL (30 Per fill); 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
prevalite	1	
QUESTRAN	3	Preferred Alternatives (cholestyramine)
QUESTRAN LIGHT	3	
REPATHA PUSHTRONEX	2	QL (1 per 21 days)
REPATHA SURECLICK	2	QL (2 per 21 days)
REPATHA SYRINGE	2	QL (2 per 21 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	QL (30 Per fill); ACA
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (30 Per fill)
ROSZET	3	ST; QL (30 Per fill); Preferred Alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 Per fill); ACA
simvastatin oral tablet 80 mg	1	QL (30 Per fill)
TRYNGOLZA	3	PA
VASCEPA	2	PA
ZYPITAMAG	3	ST; QL (30 Per fill); Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY	3	ST
CAMZYOS	3	PA; QL (30 Per fill)
ENTRESTO	3	ST; QL (60 Per fill); Preferred Alternatives (sacubitril-valsartan)
ENTRESTO SPRINKLE	2	QL (240 Per fill)
FILSPARI	3	PA; QL (30 per 23 days)
ivabradine	1	PA
ranolazine	1	
sacubitril-valsartan	1	QL (60 Per fill)
VANRAFIA	3	PA
VECAMYL	3	Preferred Alternatives (clonidine hcl, RESERPINE)
VERQUVO	2	QL (30 Per fill)
VYNDAMAX	3	ST
VYNDAQEL	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
NITRATES		
GONITRO	3	Preferred Alternatives (nitroglycerin, nitroglycerin)
ISORDIL	3	Preferred Alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE	3	Preferred Alternatives (isosorbide dinitrate)
isosorbide dinitrate	1	
isosorbide mononitrate	1	
nitro-bid	1	
NITRO-DUR	3	Preferred Alternatives (nitroglycerin)
nitroglycerin	1	
NITROLINGUAL	3	Preferred Alternatives (nitroglycerin)
NITROMIST	3	Preferred Alternatives (nitroglycerin)
NITROSTAT	3	Preferred Alternatives (nitroglycerin)
nitro-time	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	
ANALPRAM-HC	3	ST; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
calcipotriene	1	QL (120 per 23 days)
calcipotriene-betamethasone topical ointment	1	ST; QL (60 per 23 days)
calcipotriene-betamethasone topical suspension	1	QL (60 per 23 days)
calcitriol	1	
ENSTILAR	2	ST; QL (60 per 23 days)
EPIFOAM	3	ST; Preferred Alternatives (hc pramoxine)
hydrocortisone-pramoxine	1	ST
IMULDOSA INTRAVENOUS	3	ST
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	ST; QL (45 per 63 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	3	ST; QL (90 per 42 days)

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
OVACE	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS SHAMPOO	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS WASH	3	Preferred Alternatives (sodium sulfacetamide)
PLEXION NS	3	Preferred Alternatives (sodium sulfacetamide)
PRAMOSONE	3	ST; Preferred Alternatives (hc pramoxine)
SELARSDI INTRAVENOUS	3	ST
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (45 per 63 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (90 per 42 days)
selenium sulfide	1	
SKYRIZI	3	ST; QL (1 per 63 days)
SOTYKTU	3	ST; QL (30 per 23 days)
SPEVIGO	3	PA
STELARA SUBCUTANEOUS SOLUTION	3	ST; Preferred Alternatives (IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK); QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	ST; Preferred Alternatives (IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK); QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	ST; Preferred Alternatives (IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK); QL (90 per 42 days)
sulfacetamide sodium	1	
TALTZ AUTOINJECTOR	3	ST; QL (1 per 21 days)
TALTZ AUTOINJECTOR (2 PACK)	3	ST; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK)	3	ST; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	3	ST; QL (0.25 per 21 days)

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
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	3	ST; QL (0.5 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	3	ST; QL (1 per 21 days)
TREMFYA INTRAVENOUS	3	ST
TREMFYA ONE-PRESS	3	ST; QL (100 per 42 days)
TREMFYA PEN INDUCTION PK(2PEN)	3	ST; QL (1200 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	ST; QL (100 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	ST; QL (200 per 21 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	ST; QL (100 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	3	ST; QL (200 per 21 days)
USTEKINUMAB-TTWE INTRAVENOUS	3	PA
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (45 per 63 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (90 per 42 days)
VECTICAL	3	Preferred Alternatives (calcitriol)
VTAMA	2	ST; QL (60 per 21 days)
WYNZORA	3	ST; Preferred Alternatives (amcinonide, betamethasone dipropionate, betamethasone dp augmented, clobetasol propionate, calcipotriene, calcipotriene-betamethasone); QL (60 per 23 days)
YESINTEK INTRAVENOUS	3	ST
YESINTEK SUBCUTANEOUS SOLUTION	3	ST; QL (45 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	ST; QL (45 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	ST; QL (90 per 42 days)
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL (60 per 23 days)

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
ZORYVE TOPICAL CREAM 0.3 %	3	ST; Preferred Alternatives (betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA); QL (60 per 23 days)
ZORYVE TOPICAL FOAM	3	ST; Preferred Alternatives (betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate); QL (60 per 23 days)
BURN THERAPY		
SILVADENE	3	Preferred Alternatives (silver sulfadiazine)
silver sulfadiazine	1	
ssd	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL (2 per 21 days)
ADBRY SUBCUTANEOUS SYRINGE	3	PA; QL (4 per 21 days)
AMELUZ	3	
ANZUPGO	2	PA; QL (60 per 23 days)
CIBINQO	2	PA; QL (30 per 23 days)
CORTANE-B	3	Preferred Alternatives (hc pramoxine)
diclofenac sodium	1	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; QL (400 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (400 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (600 per 21 days)
EBGLYSS PEN	2	PA; QL (4 per 21 days)
EBGLYSS SYRINGE	2	PA
EFUDEX	3	Preferred Alternatives (fluorouracil)
EUCRISA	2	ST; QL (120 per 23 days)
fluorouracil	1	
HYFTOR	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
imiquimod	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
methoxsalen	1	
methyl salicylate	1	
NORMLGEL AG	3	
OPZELURA	3	PA; Preferred Alternatives (pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE); QL (240 per 21 days)
PANRETIN	3	PA
pimecrolimus	1	ST; QL (120 per 23 days)
podofilox topical gel	1	ST; QL (7 Per fill)
podofilox topical solution	1	
SCENESSE	3	PA
tacrolimus	1	ST; QL (120 per 23 days)
VALCHLOR	3	PA
wintergreen oil	1	
YCANTH	3	
ZONALON	3	ST; Preferred Alternatives (alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate); QL (90 per 23 days)
THERAPY FOR ACNE		
ABSORICA	3	Preferred Alternatives (accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane)
accutane	1	
ACZONE	3	ST; Preferred Alternatives (dapsone)
adapalene topical cream	1	
adapalene topical gel	1	
adapalene topical gel with pump	1	
ADAPALENE TOPICAL LOTION	3	ST; Preferred Alternatives (adapalene, adapalene)

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
adapalene topical solution	1	
adapalene topical swab	1	ST
adapalene-benzoyl peroxide	1	
AKLIEF	3	PA; Preferred Alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere)
ALTRENO	3	Preferred Alternatives (tretinoin, tretinoin microsphere)
amnesteem	1	
AMZEEQ	3	ST; Preferred Alternatives (adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin)
ARAZLO	3	PA; Preferred Alternatives (tazarotene, tretinoin, tretinoin microsphere)
avar	1	ST
AVAR LS	3	ST; Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR-E	3	ST; Preferred Alternatives (sulfacetamide sodium-sulfur)
azelaic acid	1	
AZELEX	3	ST; Preferred Alternatives (adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA)
BENZAMYCIN	3	ST; Preferred Alternatives (erythromycin-benzoyl peroxide)
benzepro	1	
BENZEPRO (MICROSPHERES)	3	ST
benzoyl peroxide	1	
bp 10-1	1	ST
brimonidine	1	PA
claravis	1	
CLEOCIN T	3	ST; Preferred Alternatives (clindamycin phosphate); QL (120 per 23 days)
clindacin	1	ST; QL (100 per 23 days)

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
CLINDACIN ETZ TOPICAL KIT	3	ST; Preferred Alternatives (clindamycin phosphate, clindacin etz)
clindacin etz topical swab	1	
clindacin p	1	
CLINDACIN PAC	3	ST; Preferred Alternatives (clindamycin phosphate, clindacin etz)
clindamycin phosphate topical foam	1	ST; QL (100 per 23 days)
clindamycin phosphate topical gel	1	QL (120 per 23 days)
clindamycin phosphate topical gel, once daily	1	ST; QL (150 per 23 days)
clindamycin phosphate topical lotion	1	QL (120 per 23 days)
clindamycin phosphate topical solution	1	QL (120 per 23 days)
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide	1	
clindamycin-tretinoin	1	
dapsone	1	
DIFFERIN TOPICAL CREAM	3	ST; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL LOTION	3	ST; Preferred Alternatives (adapalene, tretinoin, tretinoin microsphere)
EPIDUO FORTE	3	ST; Preferred Alternatives (adapalene-benzoyl peroxide)
ery pads	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
EVOCLIN	3	ST; Preferred Alternatives (clindamycin phosphate); QL (100 per 23 days)
FINACEA	2	ST
isotretinoin	1	
ivermectin	1	QL (45 per 23 days)
METROCREAM	3	ST; Preferred Alternatives (metronidazole)
METROGEL	3	ST; Preferred Alternatives (metronidazole)
metronidazole	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
MIRVASO	2	PA
neuac	1	
NEUAC KIT	3	ST
ONEXTON	3	ST; Preferred Alternatives (clindamycin-benzoyl peroxide)
PACNEX	3	ST; Preferred Alternatives (benzoyl peroxide)
PLEXION	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
PLEXION CLEANSING CLOTHS	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	Preferred Alternatives (tretinoin)
RETIN-A MICRO PUMP	3	Preferred Alternatives (tretinoin microsphere)
RHOFADE	3	PA; Preferred Alternatives (brimonidine tartrate)
rosadan topical cream	1	
rosadan topical gel	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST; Preferred Alternatives (metronidazole)
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST; Preferred Alternatives (metronidazole)
ROSULA	3	ST
rosula cleansing cloths	1	
SOOLANTRA	3	ST; Preferred Alternatives (ivermectin); QL (45 per 23 days)
sss 10-5 topical cream	1	
sss 10-5 topical foam	1	ST
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	ST
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %	1	ST
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion	1	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
sulfacetamide sodium-sulfur topical pads, medicated	1	
sulfacetamide sodium-sulfur topical suspension	1	ST
sulfacleanse 8-4	1	ST
SUMADAN TOPICAL CLEANSER	3	ST; Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMADAN TOPICAL KIT	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
SUMADAN XLT	3	ST
SUMAXIN	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
SUMAXIN CP	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
SUMAXIN TS	3	ST; Preferred Alternatives (sodium sulfacetamide-sulfur)
tazarotene	1	PA
TAZORAC	3	PA; Preferred Alternatives (tazarotene)
tretinoin	1	
tretinoin microspheres	1	
VANOXIDE-HC	3	ST
zenatane	1	
ZIANA	3	ST; Preferred Alternatives (clindamycin phos-tretinoin)
TOPICAL ANESTHETICS		
COCAINE	3	
dermacinrx lidocan	1	PA
GOPRELTO	3	
lidocaine hcl	1	
lidocaine hcl-hydrocortison ac	1	
lidocaine topical adhesive patch,medicated	1	PA
lidocaine topical ointment	1	QL (50 per 23 days)
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	QL (30 per 23 days)
lidocaine-prilocaine topical kit	1	
lidocan iii	1	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
lidocan iv	1	PA
lidocan v	1	PA
lidocort	1	
NUMBRINO	3	
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL (30 Per fill); Preferred Alternatives (mupirocin, mupirocin)
CENTANY	3	ST; QL (30 Per fill); Preferred Alternatives (mupirocin, mupirocin)
CENTANY AT	3	ST; QL (1 Per fill); Preferred Alternatives (mupirocin, mupirocin)
gentamicin	1	QL (60 Per fill)
KLARON	3	ST; Preferred Alternatives (sulfacetamide sodium)
lugols	1	
mupirocin	1	QL (44 Per fill)
mupirocin calcium	1	ST; QL (30 Per fill)
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
strong iodine	1	
sulfacetamide sodium (acne)	1	
SULFAMYLON	2	
XEPI	3	ST; QL (30 Per fill); Preferred Alternatives (mupirocin, mupirocin)
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST; Preferred Alternatives (ciclopirox)
ciclodan topical cream	1	QL (90 per 21 days)
ciclodan topical solution	1	
ciclopirox topical cream	1	QL (90 per 21 days)
ciclopirox topical gel	1	QL (100 per 21 days)
ciclopirox topical shampoo	1	QL (120 per 21 days)
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL (60 per 21 days)

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
clotrimazole-betamethasone topical cream	1	QL (90 per 21 days)
clotrimazole-betamethasone topical lotion	1	QL (60 per 21 days)
econazole nitrate	1	QL (85 per 21 days)
EXELDERM	3	Preferred Alternatives (ciclopirox, clotrimazole, econazole nitrate, ketoconazole); QL (60 per 21 days)
EXTINA	3	ST; Preferred Alternatives (ketoconazole); QL (100 per 21 days)
JUBLIA	3	ST; Preferred Alternatives (ciclopirox, tavaborole)
ketoconazole topical cream	1	QL (60 per 21 days)
ketoconazole topical foam	1	ST; QL (100 per 21 days)
ketoconazole topical shampoo	1	QL (120 per 21 days)
ketodan	1	ST; QL (100 per 21 days)
ketodan kit	1	ST
klayesta	1	QL (180 Per fill)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	Preferred Alternatives (ciclopirox); QL (90 per 21 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	Preferred Alternatives (ciclopirox); QL (60 per 21 days)
LOPROX KIT TOPICAL COMBO PACK	3	Preferred Alternatives (ciclopirox); QL (544 per 23 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	Preferred Alternatives (ciclopirox); QL (1 per 23 days)
nyamyc	1	QL (180 Per fill)
nystatin topical cream	1	QL (60 per 21 days)
nystatin topical ointment	1	QL (60 per 21 days)
nystatin topical powder	1	QL (180 Per fill)
nystatin-triamcinolone	1	QL (60 per 21 days)
nystop	1	QL (180 Per fill)
tavaborole	1	ST
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; QL (5 Per fill)
acyclovir topical ointment	1	PA; QL (30 Per fill)
ZOVIRAX	3	PA; QL (5 Per fill); Preferred Alternatives (acyclovir)
TOPICAL CORTICOSTEROIDS		

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
ALA-SCALP	3	ST; Preferred Alternatives (hydrocortisone)
alclometasone	1	
amcinonide	1	ST
beser	1	ST
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	ST
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented	1	
BRYHALI	3	ST; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate)
CAPEX	3	ST; Preferred Alternatives (fluocinolone acetonide)
clobetasol scalp	1	QL (100 per 23 days)
clobetasol topical cream	1	QL (120 per 23 days)
clobetasol topical foam	1	ST; QL (100 per 23 days)
clobetasol topical gel	1	QL (120 per 23 days)
clobetasol topical lotion	1	ST; QL (118 per 23 days)
clobetasol topical ointment	1	QL (120 per 23 days)
clobetasol topical shampoo	1	ST; QL (236 per 23 days)
clobetasol topical spray,non-aerosol	1	ST; QL (125 per 23 days)
clobetasol-emollient topical cream	1	QL (120 per 23 days)
clobetasol-emollient topical foam	1	ST; QL (100 per 23 days)
CLOBEX TOPICAL SHAMPOO	3	ST; Preferred Alternatives (clobetasol propionate); QL (236 per 23 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; Preferred Alternatives (clobetasol propionate); QL (125 per 23 days)
clodan	1	ST; QL (236 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
CLODAN KIT	3	ST; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate); QL (2 per 21 days)
CORDRAN TAPE LARGE ROLL	3	ST; Preferred Alternatives (betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide)
DERMA-SMOOTHE/FS BODY OIL	3	ST; Preferred Alternatives (fluocinolone acetonide)
DERMA-SMOOTHE/FS SCALP OIL	3	ST; Preferred Alternatives (fluocinolone acetonide)
desonide topical cream	1	
desonide topical gel	1	ST
desonide topical lotion	1	ST
desonide topical ointment	1	
desoximetasone	1	ST
DIPROLENE (AUGMENTED)	3	ST; Preferred Alternatives (betamethasone dipropionate)
DUOBRII	3	ST; Preferred Alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate); QL (200 per 23 days)
fluocinolone	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	QL (120 per 23 days)
fluocinonide topical cream 0.1 %	1	ST; QL (120 per 23 days)
fluocinonide topical gel	1	QL (120 per 23 days)
fluocinonide topical ointment	1	QL (120 per 23 days)
fluocinonide topical solution	1	QL (120 per 23 days)
fluocinonide-e	1	QL (120 per 23 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	ST
fluticasone propionate topical ointment	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
halobetasol propionate topical cream	1	
halobetasol propionate topical foam	1	ST
halobetasol propionate topical ointment	1	
HALOG	3	ST; Preferred Alternatives (amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide)
hydrocortisone	1	
hydrocortisone butyrate topical cream	1	QL (120 per 23 days)
hydrocortisone butyrate topical lotion	1	ST; QL (118 per 23 days)
hydrocortisone butyrate topical ointment	1	ST; QL (120 per 21 days)
hydrocortisone butyrate topical solution	1	ST; QL (120 per 23 days)
hydrocortisone valerate	1	
KENALOG	3	ST; Preferred Alternatives (triamcinolone acetonide); QL (100 per 23 days)
lexette	1	ST
mometasone	1	
NUCORT	3	ST
OLUX	3	ST; Preferred Alternatives (clobetasol propionate); QL (100 per 23 days)
PANDEL	3	ST; Preferred Alternatives (betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide)
prednicarbate	1	
scalacort	1	
SCALACORT DK	3	ST
SYNALAR	3	ST; Preferred Alternatives (fluocinolone acetonide)
SYNALAR CREAM KIT	3	ST; Preferred Alternatives (fluocinolone acetonide)
SYNALAR OINTMENT KIT	3	ST; Preferred Alternatives (fluocinolone acetonide)

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
SYNALAR TS	3	ST; Preferred Alternatives (fluocinolone acetonide)
TEXACORT	3	ST; Preferred Alternatives (hydrocortisone)
TOPICORT	3	ST; Preferred Alternatives (desoximetasone)
tovet emollient	1	ST; QL (100 per 23 days)
triamcinolone acetonide topical aerosol	1	ST; QL (126 per 23 days)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	ST
triderm	1	ST
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL (180 Per fill)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	Preferred Alternatives (permethrin)
EURAX	3	Preferred Alternatives (permethrin)
malathion	1	
OVIDE	3	Preferred Alternatives (malathion)
permethrin	1	
spinosad	1	
ULESFIA	3	Preferred Alternatives (ivermectin, permethrin, malathion, spinosad)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
DIAGNOSTICS & MISCELLANEOUS AGENTS		
EUA PATIENT ASSESSMENT	2	
IRRIGATING SOLUTIONS		
lactated ringers	1	
neomycin-polymyxin b gu	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
ringer's	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
SORBITOL	3	
SORBITOL-MANNITOL	3	
MISCELLANEOUS AGENTS		
acamprosate	1	
acetic acid	1	
AGRYLIN	3	Preferred Alternatives (anagrelide hydrochloride)
anagrelide	1	
ARALAST NP	3	ST
BUPHENYL	3	ST; Preferred Alternatives (sodium phenylbutyrate)
caffeine citrate	1	
CARBAGLU	3	
carglumic acid	3	
CARNITOR	3	Preferred Alternatives (levocarnitine)
CARNITOR (SUGAR-FREE)	3	Preferred Alternatives (levocarnitine)
cevimeline	1	
CHEMET	2	PA
deferasirox	3	ST
deferiprone	3	ST
disulfiram	1	
droxidopa	3	PA; Preferred Alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide)
EMPAVELI	3	PA
ENJAYMO	3	PA
EPYSQLI	3	PA
EVOXAC	3	Preferred Alternatives (cevimeline hcl)
FABHALTA	3	PA
FERRIPROX (2 TIMES A DAY)	3	PA
FERRIPROX ORAL SOLUTION	3	PA
FERRIPROX ORAL TABLET 1,000 MG	3	PA; Preferred Alternatives (deferiprone (3 times a day))

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
FERRIPROX ORAL TABLET 500 MG	3	PA; Preferred Alternatives (deferiprone)
GIVLAARI	3	PA
GLASSIA	3	ST
glutamine (sickle cell)	3	ST
glycerol phenylbutyrate	3	ST
INCRELEX	3	PA
JOENJA	3	PA; QL (60 Per fill)
KORSUVA	3	
LAMZEDE	3	PA
levocarnitine	1	
levocarnitine (with sugar)	1	
LITFULO	3	PA; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone); QL (28 per 21 days)
LITHOSTAT	3	
METOPIRONE	3	
midodrine	1	
nitisinone	3	PA
NITYR	3	PA
OLPRUVA	3	ST; Preferred Alternatives (sodium phenylbutyrate, PHEBURANE)
ORFADIN ORAL CAPSULE	3	PA; Preferred Alternatives (nitisinone)
ORFADIN ORAL SUSPENSION	3	PA; Preferred Alternatives (nitisinone, NITYR)
PHEBURANE	3	ST
PROLASTIN-C	3	ST
PYRUKYND ORAL TABLET	3	PA; QL (56 per 21 days)
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA; QL (14 per 365 days)
RADIOGARDASE	3	
RECLAST	3	Preferred Alternatives (zoledronic acid)
REVCOVI	3	
REZDIFFRA	3	PA; QL (30 per 23 days)

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
riluzole	1	PA
risedronate	1	QL (30 Per fill)
sodium chloride	1	
sodium chloride 0.9 %	1	
sodium phenylbutyrate	1	ST
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	3	PA; QL (112 Per fill)
SOHONOS ORAL CAPSULE 10 MG	3	PA; QL (56 Per fill)
SOHONOS ORAL CAPSULE 2.5 MG	3	PA; QL (140 Per fill)
SOHONOS ORAL CAPSULE 5 MG	3	PA; QL (84 Per fill)
SYPRINE	3	PA; Preferred Alternatives (trientine hcl)
TAVNEOS	3	PA; Preferred Alternatives (azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE); QL (180 per 23 days)
TEGLUTIK	3	PA; Preferred Alternatives (riluzole)
TIGLUTIK	3	PA; Preferred Alternatives (riluzole)
tiopronin	3	ST
trientine	1	PA
venxxiva	3	ST
VEOPOZ	3	PA
VOYDEYA	3	PA
VYKAT XR	3	PA
water for irrigation, sterile	1	
XENPOZYME	3	PA
XURIDEN	3	
ZEMAIRA	3	ST
ZOKINVY	3	PA; QL (120 Per fill)
zoledronic acid-mannitol-water	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	ACA
CHANTIX	3	Preferred Alternatives (varenicline tartrate)
CHANTIX STARTING MONTH BOX	3	Preferred Alternatives (varenicline tartrate)
NICODERM CQ	2	

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Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL GUM 2 MG	2	
nicorette buccal gum 4 mg	1	ACA
NICORETTE BUCCAL LOZENGE	2	
NICORETTE BUCCAL MINI LOZENGE	2	
nicotine	1	ACA
nicotine (polacrilex)	1	ACA
NICOTROL NS	3	Preferred Alternatives (nicotine, nicotine gum); ACA
quit 2	1	ACA
quit 4	1	ACA
stop smoking aid	1	ACA
varenicline tartrate	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	3	
azelastine	1	QL (60 Per fill)
chlorhexidine gluconate	1	
CLINPRO 5000	3	Preferred Alternatives (sodium fluoride)
denta 5000 plus	1	
denta 5000 plus sensitive	1	
dentagel	1	
fluoride (sodium)	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
fraiche 5000	1	
FRAICHE 5000 PREVI	3	
GELCLAIR	3	
ipratropium bromide	1	QL (30 Per fill)
JUST RIGHT 5000	3	
kourzeq	1	
MUGARD	3	

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Drug Name	Drug Tier	Requirements / Limits
olopatadine	1	QL (31 Per fill)
oralone	1	
ORAMAGICRX	3	
paroex oral rinse	1	
PERIDEX	3	Preferred Alternatives (chlorhexidine gluconate)
periogard	1	
pilocarpine hcl	1	
PREVIDENT	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 BOOSTER PLUS	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 ENAMEL PROTECT	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT 5000 ORTHO DEFENSE	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 PLUS	3	Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 SENSITIVE	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT KIDS	3	
PROTHELIAL	3	
SALAGEN (PILOCARPINE)	3	Preferred Alternatives (pilocarpine hcl)
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid	1	
ciprofloxacin hcl	1	
DERMOTIC OIL	3	Preferred Alternatives (fluocinolone acetonide oil)
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	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
ofloxacin	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	Preferred Alternatives (neomycin/polymyxin/hc)
neomycin-polymyxin-hc	1	
OTOVEL	3	Preferred Alternatives (ciprofloxacin-dexamethasone)
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	
ACTHAR SELFJECT	3	
CORTEF	3	Preferred Alternatives (hydrocortisone)
cortisone	1	
deflazacort	3	ST
dexabliss	1	ST
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack	1	ST
fludrocortisone	1	
hydrocortisone	1	
jaythari	3	ST
kymbee	1	ST
MEDROL	3	Preferred Alternatives (methylprednisolone)
MEDROL (PAK)	3	Preferred Alternatives (methylprednisolone)
methylprednisolone	1	
millipred	1	
millipred dp	1	
ORAPRED ODT	3	Preferred Alternatives (prednisolone sodium phosphate)
prednisolone	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
prednisolone sodium phosphate	1	
prednisone	1	
prednisone intensol	1	
pyquvi	3	ST
TAPERDEX	3	ST; Preferred Alternatives (dexamethasone)
TARPEYO	3	PA; Preferred Alternatives (methylprednisolone, prednisone); QL (28 per 30 days)
TRIESENCE (PF)	3	
XIPERE (PF)	3	
ZCORT	3	ST; Preferred Alternatives (dexamethasone)
ANTITHYROID AGENTS		
methimazole	1	
potassium iodide	1	
propylthiouracil	1	
SSKI	3	Preferred Alternatives (potassium iodide)
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN	1	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	1	
ACCU-CHEK SMARTVIEW CONTRL SOL	1	
ACCUTREND GLUCOSE CONTROL	1	
ADVOCATE REDI-CODE PLUS CTRL L	1	
AGAMATRIX CONTROL SOLN-HIGH	1	
AGAMATRIX CONTROL SOLN-NORMAL	1	
ASSURE 4 CONTROL SOLUTION	1	
ASSURE DOSE NORMAL CONTROL	1	
ASSURE PRISM CONTROL 1-2 SOLN	1	
AT HOME A1C	1	
BLOOD GLUCOSE CONTROL, NORMAL	1	
BREEZE 2 CONTROL SOLUTION,HIGH	1	
CARESENS CONTROL A AND B	1	
CARESENS S CONTROL A AND B	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
CARETOUCH CONTROL SOLN L2-L3	1	
CLEVER CHOICE LEVEL 2 CONTROL	1	
CONTOUR CONTROL SOLUTION, NML	1	
CONTOUR NEXT LEV 2 CONTROL SOL	1	
DEXCOM G6 RECEIVER	1	QL (1 per 365 days)
DEXCOM G6 SENSOR	1	QL (3 per 23 days)
DEXCOM G6 TRANSMITTER	1	QL (1 per 68 days)
DEXCOM G7 RECEIVER	1	QL (1 per 365 days)
DEXCOM G7 SENSOR	1	QL (3 per 23 days)
DIATRUE CONTROL SOLN NORMAL	1	
EASY PLUS II HIGH CONTROL	1	
EASY STEP HIGH CONTROL SOLN	1	
EASY TALK HIGH CONTROL	1	
EASY TALK PLUS II LOW CONTROL	1	
EASY TOUCH BLU CTRL SOLN-L1,L3	1	
EASY TRAK II CTRL SOLN-NORMAL	1	
EASY TRAK LOW CONTROL	1	
EASYMAX 15 LEVEL 2	1	
EASYMAX NORMAL CONTROL	1	
ELEMENT COMPACT NORMAL CONTROL	1	
ELEMENT NORMAL CONTROL	1	
EMBRACE EVO LEVEL 1	1	
EMBRACE GLUCOSE CONTROL LOW	1	
EMBRACE TALK CONTROL-LOW (L1)	1	
EVOLUTION NORMAL CONTROL	1	
FORA GTEL MULTI-FUNCTN MONITOR	1	
FORA KETONE CONTROL SOLN-L1	1	
FORA NORMAL CONTROL	1	
FORA TN'G ADV MOBILE MULTI MTR	1	
FORA TN'G ADVANCE MULTI-FN MTR	1	
FORA TN'G ADVANCE PRO MONITOR	1	
FORACARE GDH LOW CONTROL	1	
FREESTYLE CONTROL	1	
FREESTYLE FREEDOM	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
FREESTYLE FREEDOM LITE	1	
FREESTYLE INSULINX	1	
FREESTYLE INSULINX TEST STRIPS	1	
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	QL (2 per 21 days)
FREESTYLE LIBRE 2 PLUS SENSOR	1	QL (2 per 23 days)
FREESTYLE LIBRE 2 READER	1	QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	1	QL (2 per 21 days)
FREESTYLE LIBRE 3 PLUS SENSOR	1	QL (2 per 23 days)
FREESTYLE LIBRE 3 READER	1	QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR	1	QL (2 per 21 days)
FREESTYLE LITE METER	1	
FREESTYLE LITE STRIPS	1	
FREESTYLE PRECISION NEO STRIPS	1	PA
FREESTYLE TEST	1	
GE100 CONTROL SOLUTION NORMAL	1	
GLUCOCARD 01 NORMAL CONTROL	1	
GLUCOCOM CONTROL NORMAL	1	
GLUCOSE CONTROL	1	
GOJJI GLUCOSE CNTRL SOL-NORMAL	1	
GOJJI KETONE CONTROL SOLN-L1	1	
GOJJI MULTI-FUNCTIONAL METER	1	
GUARDIAN 4 GLUCOSE SENSOR	1	QL (5 per 23 days)
GUARDIAN 4 TRANSMITTER	1	QL (1 per 365 days)
GUARDIAN LINK 3 TRANSMITTER	1	QL (1 per 365 days)
GUARDIAN SENSOR 3	1	QL (5 per 23 days)
HEALTHPRO HIGH-LOW CONTROL	1	
IHEALTH CONTROL SOLN LEVEL 2	1	
INFINITY CONTROL SOLUTION NORM	1	
MEDISENSE	1	
MEDISENSE GLUCOSE KETONE	1	
MINIMED INSTINCT SENSOR	1	
MYGLUCOHEALTH CONTROL SOLUTION	1	
NOVA MAX PLUS GLUC-KETON METER	1	

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Drug Name	Drug Tier	Requirements / Limits
NOVAMAX PLUS GLU-KET	1	
ON CALL EXPRESS CONTROL	1	
ONETOUCH ULTRA CONTROL	1	
ONETOUCH VERIO MID CONTROL	1	
PIP GLUCOSE CONTROL SOLN L1-L2	1	
PRECISION XTRA KETONE-GLUCOSE	1	
PRECISION XTRA MONITOR	1	
PRECISION XTRA TEST	1	
PRODIGY CONTROL SOLUTION, LOW	1	
PRODIGY CONTROL SOLUTION,HIGH	1	
REFUAH PLUS GLUCOSE CONTROL	1	
RIGHTEST CONTROL SOLUTION HIGH	1	
SIMPLERA SENSOR	1	QL (5 per 23 days)
SIMPLERA SYNC SENSOR	1	QL (5 per 23 days)
SMARTEST CONTROL	1	
SOLUS V2 CONTROL SOLUTION,HIGH	1	
TELCARE CONTROL	1	
TRUE METRIX AIR GLUCOSE METER	1	
TRUE METRIX GLUCOSE METER	1	
TRUE METRIX GO GLUCOSE METER	1	
TRUE METRIX LEVEL 1	1	
UNISTRIP LOW CONTROL	1	
VIVAGUARD INO CTRL SOLN-L1,2,3	1	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL	3	
INSULIN SYRINGE-NEEDLE U-100	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (2 Per fill)
diazoxide	1	
glucagon emergency kit (human)	1	QL (2 Per fill)
GVOKE	2	QL (2 Per fill)
GVOKE HYPOPEN 2-PACK	2	QL (2 Per fill)
GVOKE PFS 2-PACK SYRINGE	2	QL (2 Per fill)
PROGLYCEM	3	Preferred Alternatives (diazoxide)

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
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	1	
AUTOPEN 1 TO 21 UNITS	1	
AUTOSOFT 30	1	
AUTOSOFT 90	1	
AUTOSOFT XC INFUSION SET 32"	1	
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET	1	
BD SPECIALTY USE NEEDLES	1	
CEQUR SIMPLICITY	1	
GENTEEL VACUUM LANCING DEVICE	1	
ILET INFUSION KIT-INSET 23"	1	
ILET INFUSION-CONTACT DTCH 23"	1	
ILET STARTER KIT-INSET	1	
INPEN (FOR HUMALOG) PINK	1	
INPEN (NOVOLOG OR FIASP) BLUE	1	
LANCETS	1	
LANCING DEVICE	1	
MEDTRONIC EXT INFUSION SET 23"	1	
MINIMED MIO ADVANCE INF SET23"	1	
MINIMED QUICK SET 43"	1	
MINIMED SILHOUETTE 23"	1	
MINIMED SURE T 32"	1	
MODD1 PATIENT WELCOME KIT	1	Preferred Alternatives (ILET INFUSION-CONTACT DETACH, ILET INFUSION KIT-INSET, ILET INSULIN PUMP, MINIMED, TANDEM MOBI SYSTEM)
MODD1 SUPPLY KIT	1	Preferred Alternatives (ILET INFUSION-CONTACT DETACH, ILET INFUSION KIT-INSET, MINIMED SILHOUETTE, MINIMED SURE T, TANDEM MOBI AUTOSOFT XC SUPPLY)
NOVOPEN ECHO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	QL (15 per 23 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	QL (15 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH PODS (GEN 4)	1	QL (15 per 23 days)
T:FLEX	1	
T:SLIM X2	1	
TANDEM MOBI AUTOSOFT 30 KT 23"	1	
TANDEM MOBI AUTOSOFT XC KIT 5"	1	
TANDEM MOBI TRUSTEEL KIT 23"	1	
TANDEM T:SLIM ASFT 30 PK10 23"	1	
TANDEM T:SLIM ASFT XC PK10 23"	1	
TANDEM T:SLIM TRUSTL PK10 23"	1	
TRUSTEEL INFUSION SET 32"	1	
TWIIST REFILL KT(CSST-NDL-SYR)	1	
TWIIST RFL(INFUS-CSST-NDL-SYR)	1	
TWIIST STARTER KIT	1	
VARISOFT INFUSION SET 43"	1	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	1	
HUMALOG KWIKPEN INSULIN	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMALOG MIX 75-25(U-100)INSULN	1	
HUMALOG U-100 INSULIN	1	
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	
HUMULIN N NPH INSULIN KWIKPEN	1	
HUMULIN N NPH U-100 INSULIN	1	
HUMULIN R REGULAR U-100 INSULN	1	
HUMULIN R U-500 (CONC) KWIKPEN	1	
INSULIN GLARGINE-YFGN	1	
INSULIN LISPRO	1	
INSULIN LISPRO PROTAMIN-LISPRO	1	
LANTUS SOLOSTAR U-100 INSULIN	1	

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Drug Name	Drug Tier	Requirements / Limits
LANTUS U-100 INSULIN	1	
LYUMJEV KWIKPEN U-100 INSULIN	1	
LYUMJEV KWIKPEN U-200 INSULIN	1	
LYUMJEV U-100 INSULIN	1	
SEMGLEE(INSULIN GLARGINE-YFGN)	1	
SEMGLEE(INSULIN GLARG-YFGN)PEN	1	
SOLIQUA 100/33	2	QL (15 Per fill)
TOUJEO MAX U-300 SOLOSTAR	1	
TOUJEO SOLOSTAR U-300 INSULIN	1	
TRESIBA FLEXTOUCH U-100	1	
TRESIBA FLEXTOUCH U-200	1	
TRESIBA U-100 INSULIN	1	
MISCELLANEOUS HORMONES		
ALDURAZYME	3	
BRINEURA	3	
cabergoline	1	QL (8 per 21 days)
calcitonin (salmon)	1	
calcitriol	1	
CERDELGA	3	ST; QL (56 Per fill)
CEREZYME	3	ST
cinacalcet	1	
CRENESSITY	3	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; QL (14 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	3	PA; QL (8 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	3	PA; QL (12 per 21 days)
danazol	1	
DDAVP	3	Preferred Alternatives (desmopressin acetate)
DEPO-TESTOSTERONE	3	Preferred Alternatives (testosterone cypionate)
desmopressin injection	3	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	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
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral	1	
doxercalciferol	1	
ELAPRASE	3	
ELFABRIO	3	PA
FABRAZYME	3	
GALAFOLD	3	PA; QL (14 Per fill); Preferred Alternatives (FABRAZYME)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	QL (120 Per fill); Preferred Alternatives (testosterone, testosterone)
JATENZO ORAL CAPSULE 237 MG	3	QL (60 Per fill); Preferred Alternatives (testosterone, testosterone)
javygtor	3	PA
JYNARQUE ORAL TABLET	3	PA; QL (120 Per fill); Preferred Alternatives (tolvaptan)
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; QL (56 Per fill); Preferred Alternatives (tolvaptan)
KANUMA	3	
LUMIZYME	3	
MEPSEVII	3	
METHITEST	2	
methyltestosterone	1	
MIACALCIN	3	Preferred Alternatives (calcitonin-salmon)
mifepristone	3	ST
miglustat	3	ST; QL (90 Per fill)
MYALEPT	3	PA
NAGLAZYME	3	
NEXVIAZYME	3	
OPFOLDA	3	PA; QL (8 Per fill); Preferred Alternatives (LUMIZYME)
ORILISSA ORAL TABLET 150 MG	2	PA; QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (360 per 365 days)

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
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; QL (30 Per fill)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	PA; QL (8 Per fill)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; QL (60 Per fill)
paricalcitol	1	
POMBILITI	3	Preferred Alternatives (LUMIZYME)
RAYALDEE	3	Preferred Alternatives (calcitriol, doxercalciferol, paricalcitol)
ROCALTROL	3	Preferred Alternatives (calcitriol)
sapropterin	3	PA
SOMAVERT	3	
STRENSIQ	3	PA
SYNAREL	2	
TEPEZZA	3	PA
TERLIVAZ	3	
TESTOPEL	3	Preferred Alternatives (testosterone cypionate, testosterone enanthate, XYOSTED)
testosterone cypionate	1	
testosterone enanthate	1	
testosterone transdermal gel	1	QL (60 Per fill)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	QL (120 Per fill)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	QL (300 Per fill)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	QL (150 Per fill)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	QL (75 Per fill)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	QL (300 Per fill)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	QL (30 Per fill)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	QL (60 Per fill)

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
testosterone transdermal solution in metered pump w/app	1	QL (180 Per fill)
tolvaptan (polycys kidney dis) oral tablet	3	ST; QL (120 Per fill)
tolvaptan (polycys kidney dis) oral tablets, sequential	3	ST
tolvaptan oral tablet 15 mg	3	PA; QL (30 Per fill)
tolvaptan oral tablet 30 mg	3	PA; QL (60 Per fill)
VIMIZIM	3	
VOGELXO TRANSDERMAL GEL	3	QL (60 Per fill); Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL (300 Per fill); Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL (60 Per fill); Preferred Alternatives (testosterone)
VOXZOGO	3	PA
XYOSTED	2	QL (2 per 21 days)
YORVIPATH	3	PA
zelvysia	3	PA
ZEMPLAR	3	Preferred Alternatives (paricalcitol)
zoledronic acid	3	
zoledronic acid-mannitol-water	3	
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET	3	QL (90 Per fill); Preferred Alternatives (pioglitazone-metformin)
ACTOS	3	QL (30 Per fill); Preferred Alternatives (pioglitazone hcl)
BYDUREON BCISE	2	PA; QL (3.4 per 21 days)
CYCLOSET	3	Preferred Alternatives (metformin hcl, glimepiride, glipizide, glyburide)
DUETACT	3	QL (30 Per fill); Preferred Alternatives (pioglitazone-glimepiride)
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	1	PA; QL (2.4 per 23 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	1	PA; QL (1.2 per 23 days)

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
FARXIGA	2	ST; QL (30 Per fill)
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYXAMBI	2	ST; QL (30 Per fill)
JANUMET	2	QL (60 Per fill)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 Per fill)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 Per fill)
JANUVIA	2	QL (30 Per fill)
JARDIANCE	2	ST; QL (30 Per fill)
liraglutide	1	PA; QL (6 per 23 days)
metformin oral solution	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 750 mg	1	ST
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 Per fill)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 Per fill)
metformin oral tablet extended release 24hr 1,000 mg	1	ST; QL (60 Per fill)
metformin oral tablet extended release 24hr 500 mg	1	ST; QL (30 Per fill)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; QL (60 Per fill)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; QL (120 Per fill)
miglitol	1	
MOUNJARO	2	PA; QL (2 per 21 days)
nateglinide	1	
OSENI	3	QL (30 Per fill); Preferred Alternatives (pioglitazone hcl, saxagliptin hcl, JANUVIA)

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
OZEMPIC	2	PA; QL (3 per 21 days)
pioglitazone	1	QL (30 Per fill)
pioglitazone-glimepiride	1	QL (30 Per fill)
pioglitazone-metformin	1	QL (90 Per fill)
PRECOSE	3	Preferred Alternatives (acarbose)
repaglinide	1	
RIOMET	3	ST; Preferred Alternatives (metformin hcl)
RYBELSUS	2	PA; QL (30 per 23 days)
saxagliptin	1	QL (30 Per fill)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	QL (60 Per fill)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	QL (30 Per fill)
SYNJARDY	2	ST; QL (60 Per fill)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 Per fill)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 Per fill)
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL (2 per 21 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 Per fill)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 Per fill)
THYROID HORMONES		
adthyza	1	
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
levothyroxine	1	
levoxyl	1	
liomny	1	
liothyronine	1	
niva thyroid	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
np thyroid	1	
renthyroid	1	
thyroid (pork)	1	
unithroid	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz	1	
belladonna alkaloids-opium	1	
chlordiazepoxide-clidinium	1	
dicyclomine	1	
diphenoxylate-atropine	1	
DONNATAL	3	Preferred Alternatives (phenohytro)
ed-spaz	1	
GLYCATE	3	Preferred Alternatives (glycopyrrolate)
glycopyrrolate	1	
hyoscyamine sulfate	1	
hyosyne	1	
LEVBID	3	Preferred Alternatives (hyoscyamine sulfate)
LEVSIN	3	Preferred Alternatives (hyoscyamine sulfate)
LEVSIN/SL	3	Preferred Alternatives (hyoscyamine sulfate)
LOMOTIL	3	Preferred Alternatives (diphenoxylate-atropine)
methscopolamine	1	Preferred Alternatives (glycopyrrolate)
MOTOFEN	3	Preferred Alternatives (diphenoxylate-atropine)
NULEV	3	Preferred Alternatives (hyoscyamine sulfate)
oscimin	1	
oscimin sl	1	
phenobarb-hyoscy-atropine-scop	1	
phenohytro	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
ROBINUL	3	Preferred Alternatives (glycopyrrolate)
ROBINUL FORTE	3	Preferred Alternatives (glycopyrrolate)
SYMAX DUOTAB	3	Preferred Alternatives (hyoscyamine sulfate)
symax fastabs	1	
symax-sl	1	
symax-sr	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	
alvimopan	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
anucort-hc	1	
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 Per fill)
aprepitant oral capsule 80 mg	1	QL (2 Per fill)
aprepitant oral capsule,dose pack	1	QL (3 Per fill)
APRISO	3	Preferred Alternatives (mesalamine er)
AVSOLA	3	ST
AZULFIDINE	3	Preferred Alternatives (sulfasalazine)
AZULFIDINE EN-TABS	3	Preferred Alternatives (sulfasalazine)
balsalazide	1	
betaine	3	ST
bisacodyl	1	ACA
budesonide	1	
BYLVAY ORAL CAPSULE 1,200 MCG	3	PA; QL (60 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
BYLVAY ORAL CAPSULE 400 MCG	3	PA; QL (150 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)

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
BYLVAY ORAL PELLET 200 MCG	3	PA; QL (120 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
BYLVAY ORAL PELLET 600 MCG	3	PA; QL (30 Per fill); Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
CHOLBAM ORAL CAPSULE 250 MG	3	PA
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL (120 Per fill)
CIMZIA POWDER FOR RECONST	3	PA; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA); QL (1 per 21 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	3	PA; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA); QL (1 per 21 days)
citroma	1	ACA
clearlax	1	ACA
COLAZAL	3	Preferred Alternatives (balsalazide disodium)
COMPAZINE	3	Preferred Alternatives (prochlorperazine maleate)
compro	1	
constulose	1	
CORTENEMA	3	Preferred Alternatives (hydrocortisone)
CREON	2	
cromolyn	1	
CTEXLI	3	PA
DICLEGIS	3	Preferred Alternatives (doxylamine succ-pyridoxine hcl); QL (720 per 365 days)
doxylamine-pyridoxine (vit b6)	1	QL (720 per 365 days)

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
dronabinol	1	PA
dulcolax (magnesium hydroxide)	1	ACA
ENTYVIO	3	ST
enulose	1	
GASTROCROM	3	Preferred Alternatives (cromolyn sodium)
GATTEX 30-VIAL	3	
gavilax	1	ACA
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-n	1	ACA
generlac	1	
gentle laxative (bisacodyl)	1	ACA
gentle laxative (mag hydrox)	1	ACA
gentlelax	1	ACA
GOLYTELY	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte)
granisetron hcl	1	QL (6 Per fill)
hemmorex-hc	1	
hydrocortisone	1	
hydrocortisone acetate	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1	ST
INFLIXIMAB	3	ST
IQIRVO	3	PA
KRISTALOSE	3	Preferred Alternatives (lactulose)
lactulose oral packet 10 gram	1	PA
lactulose oral packet 20 gram	1	
lactulose oral solution	1	
laxative (bisacodyl)	1	ACA
laxative peg 3350	1	ACA
lidocaine hcl-hydrocortison ac rectal cream	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	Preferred Alternatives (lidocaine-hydrocortisone)

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

Drug Name	Drug Tier	Requirements / Limits
lidocaine hcl-hydrocortison ac rectal kit	1	
lidocaine-hydrocortisone-aloe	1	
LINZESS	2	QL (30 Per fill)
LIVDELZI	3	PA
LIVMARLI	3	PA; Preferred Alternatives (cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
lubiprostone	1	QL (60 Per fill)
magnesium citrate	1	ACA
MARINOL	3	PA; Preferred Alternatives (dronabinol)
meclizine	1	
mesalamine	1	
mesalamine with cleansing wipe	1	
metoclopramide hcl	1	
milk of magnesia	1	ACA
milk of magnesia concentrated	1	ACA
MOVANTIK	2	QL (30 Per fill)
natura-lax	1	ACA
nitroglycerin	1	
OMVOH INTRAVENOUS	3	ST
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	3	ST; QL (2 per 21 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	3	ST; QL (3 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	3	ST; QL (2 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	3	ST; QL (3 per 21 days)
ondansetron	1	QL (9 Per fill)
ondansetron hcl oral solution	1	QL (100 Per fill)
ondansetron hcl oral tablet	1	QL (9 Per fill)
onelax magnesium citrate	1	ACA
oral saline laxative	1	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
PANCREAZE	2	
peg 3350-electrolytes	1	ACA
peg3350-sod sul-nacl-kcl-asb-c	1	ACA
peg-electrolyte soln	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	Preferred Alternatives (mesalamine er)
phosphate laxative	1	ACA
polyethylene glycol 3350	1	ACA
powderlax	1	ACA
prochlorperazine	1	
prochlorperazine maleate	1	
PROCORT	3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
PROCTOCORT	3	ST; Preferred Alternatives (hydrocortisone acetate)
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
prucalopride	1	QL (30 Per fill)
purelax	1	ACA
REBYOTA	3	
RECTIV	2	
REGLAN	3	Preferred Alternatives (metoclopramide hcl)
RELISTOR	2	ST
ROWASA	3	Preferred Alternatives (mesalamine)
SANCUSO	3	QL (1 Per fill); Preferred Alternatives (granisetron hcl, ondansetron hcl)
scopolamine base	1	
SFROWASA	3	Preferred Alternatives (mesalamine)
SKYRIZI INTRAVENOUS	3	ST
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	ST; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	ST; QL (2.4 per 42 days)

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
smoothlax	1	ACA
sodium,potassium,mag sulfates	1	ACA
SUCRAID	3	
sulfasalazine	1	
SYMPROIC	2	
SYNDROS	3	PA; Preferred Alternatives (dronabinol)
trimethobenzamide	1	
TRULANCE	2	
UCERIS ORAL	3	Preferred Alternatives (budesonide er)
UCERIS RECTAL	3	Preferred Alternatives (budesonide)
URSO FORTE	3	Preferred Alternatives (ursodiol)
ursodiol	1	
VARUBI	2	QL (2 Per fill)
VELSIPITY	3	ST; QL (30 per 23 days)
VIBERZI	2	
VIOKACE	2	
VOWST	3	
women's gentle laxative(bisac)	1	ACA
ZENPEP	2	
ZYMFENTRA	3	ST; QL (2 per 21 days)
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	1	QL (112 Per fill)
bismuth subcit k-metronidz-tcn	1	
cimetidine	1	
cimetidine hcl	1	
CYTOTEC	3	Preferred Alternatives (misoprostol)
esomeprazole magnesium oral capsule,delayed release(dr/ec)	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	1	ST; QL (30 Per fill)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
famotidine	1	
lansoprazole oral capsule,delayed release(dr/ec)	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
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	ST; QL (30 Per fill)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	ST
misoprostol	1	
nizatidine	1	
OMECLAMOX-PAK	3	QL (80 Per fill); Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 Per fill)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	
omeprazole-sodium bicarbonate oral capsule	1	ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	ST; QL (30 Per fill)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	ST
pantoprazole oral granules dr for susp in packet	1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 Per fill)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
PEPCID	3	Preferred Alternatives (famotidine)
rabeprazole	1	
sucralfate	1	
TALICIA	2	QL (168 Per fill)
VOQUEZNA	3	ST; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
VOQUEZNA DUAL PAK	3	Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
VOQUEZNA TRIPLE PAK	3	Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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
BIOTECHNOLOGY DRUGS		
ARCALYST	3	ST; Preferred Alternatives (ILARIS); QL (4 per 21 days)
FULPHILA	3	ST; QL (1.2 per 23 days)
ILARIS (PF)	3	PA; QL (2 per 21 days)
LEUKINE	3	
MOZOBIL	3	Preferred Alternatives (plerixafor)
NIVESTYM	3	ST
plerixafor	3	
PROCRIT	3	ST
PROLEUKIN	3	PA
REBLOZYL	3	PA
RETACRIT	3	ST
XOLREMDI	3	PA
ZIEXTENZO	3	ST; QL (1.2 per 23 days)
GROWTH HORMONES		
EGRIFTA SV	3	PA
EGRIFTA WR	3	PA
GENOTROPIN	3	ST
GENOTROPIN MINIQUICK	3	ST
NGENLA	3	ST
OMNITROPE	3	ST
SEROSTIM	3	PA
INTERFERONS		
ACTIMMUNE	3	
ALFERON N	2	
PEGASYS SUBCUTANEOUS SOLUTION	3	QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE	3	QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	2	ACA
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
AFLURIA 2025-2026 (3YR UP)(PF)	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
ALYGLO	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
AREXVY (PF)	2	ACA
ASCENIV	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
BEXSERO	2	ACA
BIOTHRAX	2	ACA
BIVIGAM	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
BOOSTRIX TDAP	2	ACA
CAPVAXIVE	2	ACA
COMIRNATY 2025-2026(5-11Y)(PF)	2	ACA
COMIRNATY 2025-26 (12Y UP)(PF)	2	ACA
CUVITRU	3	Preferred Alternatives (XEMBIFY)
CYTOGAM	3	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DENGVAXIA (PF)	2	ACA
DYSPORT	3	ST
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
FLUAD 2025-2026 (65 YR UP)(PF)	2	ACA
FLUARIX 2025-2026 (PF)	2	ACA
FLUBLOK 2025-2026 (PF)	2	ACA
FLUCELVAX 2025-2026 (PF)	2	ACA
FLULAVAL 2025-2026 (PF)	2	ACA
FLUMIST 2025-2026	2	ACA
FLUMIST HOME 2025-2026	2	ACA
FLUZONE 2025-2026 (PF)	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
FLUZONE HIGH-DOSE 2025-26 (PF)	2	ACA
GAMASTAN	3	
GAMMAGARD LIQUID	3	
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	
GAMMAPLEX	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
GAMMAPLEX (WITH SORBITOL)	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
GAMUNEX-C	3	
GARDASIL 9 (PF)	2	ACA
GRASTEK	2	PA
HAVRIX (PF)	2	ACA
HEPLISAV-B (PF)	2	ACA
HIBERIX (PF)	2	ACA
HIZENTRA	3	Preferred Alternatives (XEMBIFY)
HYQVIA	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY)
IMOVAX RABIES VACCINE (PF)	2	ACA
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	ACA
JYNNEOS (PF)	2	ACA
KINRIX (PF)	2	ACA
MENQUADFI (PF)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF)	2	ACA
M-M-R II (PF)	2	ACA
MNEXSPIKE 2025-2026 (PF)	2	ACA
MRESVIA (PF)	2	ACA
MYOBLOC	3	ST
NUVAXOVID 2025-2026 (PF)	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
OCTAGAM	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
ODACTRA	2	PA
ORALAIR	2	PA
PANZYGA	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENBRAYA (PF)	2	ACA
PENMENVY MEN A-B-C-W-Y (PF)	2	ACA
PENTACEL (PF)	2	ACA
PNEUMOVAX-23	2	ACA
PREVNAR 20 (PF)	2	ACA
PRIORIX (PF)	2	ACA
PRIVIGEN	3	Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C)
PROQUAD (PF)	2	ACA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	ACA
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	2	ACA
ROTATEQ VACCINE	2	ACA
SHINGRIX (PF)	2	ACA
SPIKEVAX 2025-2026(12Y UP)(PF)	2	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF)	2	ACA
STAMARIL (PF)	2	ACA
TENIVAC (PF)	2	ACA
THYMOGLOBULIN	3	
TICOVAC	2	ACA
TRUMENBA	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
TWINRIX (PF)	2	ACA
TYPHIM VI	2	ACA
VAQTA (PF)	2	ACA
VARIVAX (PF)	2	ACA
VAXCHORA VACCINE	2	ACA
VAXELIS (PF)	2	ACA
VAXNEUVANCE (PF)	2	ACA
VIMKUNYA	2	ACA
VIVOTIF	2	ACA
XEMBIFY	3	
YF-VAX (PF)	2	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
febuxostat	1	ST
GLOPERBA	3	Preferred Alternatives (colchicine, MITIGARE)
KRYSTEXXA	3	PA
MITIGARE	2	ST
probenecid	1	
probenecid-colchicine	1	
ZYLOPRIM	3	Preferred Alternatives (allopurinol)
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; Preferred Alternatives (risedronate sodium); QL (1 per 23 days)
ACTONEL ORAL TABLET 35 MG	3	ST; Preferred Alternatives (risedronate sodium); QL (4 per 21 days)
alendronate oral solution	1	QL (300 per 21 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 Per fill)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 21 days)

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
ATELVIA	3	ST; Preferred Alternatives (risedronate sodium dr); QL (4 per 21 days)
BILDYOS	3	QL (1 per 135 days)
BINOSTO	3	ST; Preferred Alternatives (alendronate sodium); QL (4 per 21 days)
BONSITY	3	PA; QL (1 per 21 days)
EVISTA	3	Preferred Alternatives (raloxifene hcl)
FOSAMAX	3	ST; Preferred Alternatives (alendronate sodium); QL (4 per 21 days)
FOSAMAX PLUS D	3	ST; Preferred Alternatives (alendronate sodium); QL (4 per 21 days)
ibandronate intravenous	3	
ibandronate oral	1	QL (1 per 23 days)
raloxifene	1	
risedronate oral tablet 150 mg	1	QL (1 per 23 days)
risedronate oral tablet 35 mg	1	QL (4 per 21 days)
risedronate oral tablet 5 mg	1	QL (30 Per fill)
risedronate oral tablet,delayed release (dr/ec)	1	QL (4 per 21 days)
teriparatide	3	PA; QL (1 per 21 days)
TYMLOS	3	PA; QL (1 Per fill)
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	3	PA; QL (4 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; QL (2 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; QL (2 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (4 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	3	ST; QL (4 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	ST; QL (2 per 21 days)

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
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	ST; QL (4 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	3	ST; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR); QL (4 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	3	ST; QL (4 per 21 days)
ARAVA	3	QL (30 Per fill); Preferred Alternatives (leflunomide)
AURANOFIN	2	
AVTOZMA	3	ST
BENLYSTA INTRAVENOUS	3	PA
BENLYSTA SUBCUTANEOUS	3	PA; QL (4 per 21 days)
DEPEN TITRATABS	3	PA; Preferred Alternatives (penicillamine)
ENBREL MINI	3	ST; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION	3	ST; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	3	ST; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	3	ST; QL (4 per 21 days)
ENBREL SURECLICK	3	ST; QL (4 per 21 days)
leflunomide	1	QL (30 Per fill)
LEQSELVI	3	PA; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone)
OTEZLA	3	ST; QL (60 per 23 days)
OTEZLA STARTER	3	ST; QL (55 per 365 days)
OTEZLA XR	3	ST
OTEZLA XR INITIATION	3	ST
penicillamine	1	PA
RIDAURA	2	
RINVOQ LQ	3	PA; QL (360 per 23 days)

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
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; QL (30 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; QL (56 per 365 days)
SAVELLA ORAL TABLET	2	ST; QL (60 Per fill)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 Per fill)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	ST; QL (4 per 21 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	ST; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	ST; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	ST; QL (4 per 21 days)
SIMPONI	3	PA; QL (1 per 21 days)
SIMPONI ARIA	3	ST; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, AVSOLA, INFLIXIMAB, SIMLANDI(CF) AUTOINJECTOR, SIMPONI)
TYENNE AUTOINJECTOR	3	PA; QL (3.6 per 21 days)
TYENNE INTRAVENOUS	3	ST
TYENNE SUBCUTANEOUS	3	PA; QL (3.6 per 21 days)
XELJANZ ORAL SOLUTION	3	PA; QL (480 per 23 days)
XELJANZ ORAL TABLET	3	PA; QL (60 per 23 days)
XELJANZ XR	3	PA; QL (30 per 23 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	2	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA
DUREX TROPICAL CONDOM	3	ACA
FC2 FEMALE CONDOM	2	ACA
FEMCAP	2	ACA
KYLEENA	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
LILETTA	3	Preferred Alternatives (KYLEENA, MIRENA, SKYLA); ACA
MIRENA	2	ACA
MIUDELLA	3	Preferred Alternatives (PARAGARD T 380-A); ACA
PARAGARD T 380A	2	ACA
SKYLA	2	ACA
TRUSTEX-RIA NON-LUB CONDOMS	2	ACA
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
abigale	1	
abigale lo	1	
ACTIVELLA	3	Preferred Alternatives (estradiol-norethindrone acetat)
ANGELIQ	3	Preferred Alternatives (abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol)
camila	1	ACA
CLIMARA	3	Preferred Alternatives (estradiol); QL (4 per 21 days)
COMBIPATCH	2	
conjugated estrogens	1	
covaryx	1	
covaryx h.s.	1	
deblitane	1	ACA
DELESTROGEN	3	Preferred Alternatives (estradiol valerate)
DEPO-ESTRADIOL	2	
DEPO-PROVERA	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
DEPO-SUBQ PROVERA 104	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
dotti	1	QL (8 per 21 days)
DUAVEE	2	
eemt	1	

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Drug Name	Drug Tier	Requirements / Limits
eemt hs	1	
emzahh	1	ACA
errin	1	ACA
estradiol oral	1	
estradiol transdermal gel in metered-dose pump	1	QL (1 Per fill)
estradiol transdermal gel in packet	1	QL (30 Per fill)
estradiol transdermal patch semiweekly	1	QL (8 per 21 days)
estradiol transdermal patch weekly	1	QL (4 per 21 days)
estradiol vaginal	1	
estradiol valerate	1	
estradiol-norethindrone acet	1	
ESTRATEST H.S.	3	
estrogens-methyltestosterone	1	
EVAMIST	3	QL (17 Per fill); Preferred Alternatives (estradiol, estradiol, estradiol)
fyavolv	1	
gallifrey	1	
heather	1	ACA
incassia	1	ACA
jencycla	1	ACA
jinteli	1	
lyleq	1	ACA
lyllana	1	QL (8 per 21 days)
lyza	1	ACA
medroxyprogesterone intramuscular	1	ACA; QL (1 per 68 days)
medroxyprogesterone oral	1	
meleya	1	ACA
MENOSTAR	3	Preferred Alternatives (estradiol); QL (4 per 21 days)
mimvey	1	
nora-be	1	ACA
norethindrone (contraceptive)	1	ACA
norethindrone acetate	1	
norethindrone ac-eth estradiol	1	

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Drug Name	Drug Tier	Requirements / Limits
OPILL	2	ACA
orquidea	1	ACA
PREMARIN	2	
progesterone	3	
progesterone micronized	1	
PROMETRIUM	3	Preferred Alternatives (progesterone)
PROVERA	3	Preferred Alternatives (medroxyprogesterone acetate)
sharobel	1	ACA
tulana	1	ACA
yuvafem	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	Preferred Alternatives (drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane); ACA; QL (1 per 274 days)
CERVIDIL	3	
CLEOCIN VAGINAL CREAM	3	Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY	3	Preferred Alternatives (clindamycin phosphate, metronidazole, XACIATO)
clindamycin phosphate	1	
CLINDESSE	3	Preferred Alternatives (clindamycin phosphate, metronidazole, XACIATO)
eluryng	1	ACA
enilloring	1	ACA
etonogestrel-ethinyl estradiol	1	ACA
fem ph	1	
GYNAZOLE-1	3	Preferred Alternatives (terconazole)
haloette	1	ACA
metronidazole	1	
miconazole-3	1	
MYFEMBREE	2	PA
NEXPLANON	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
norelgestromin-ethin.estradiol	1	ACA
NUVESSA	3	Preferred Alternatives (metronidazole, clindamycin phosphate, XACIATO)
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	Preferred Alternatives (fem ph)
terconazole	1	
tranexamic acid	1	
TRIMO-SAN JELLY	2	
vandazole	1	
VCF CONTRACEPTIVE FILM	2	ACA
VCF CONTRACEPTIVE GEL	2	ACA
VEOZAH	3	Preferred Alternatives (estradiol, estradiol, paroxetine hcl)
XACIATO	2	
xulane	1	ACA
zafemy	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle	1	ACA
after pill	1	QL (1 Per fill); ACA
AFTERA	3	QL (1 Per fill); ACA
altavera (28)	1	ACA
alyacen 1/35 (28)	1	ACA
alyacen 7/7/7 (28)	1	ACA
amethia	1	ACA
amethyst (28)	1	ACA
apri	1	ACA
aranelle (28)	1	ACA
ashlyna	1	ACA
aubra	1	ACA
aubra eq	1	ACA
aurovela 1.5/30 (21)	1	ACA
aurovela 1/20 (21)	1	ACA
aurovela 24 fe	1	ACA
aurovela fe 1.5/30 (28)	1	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
aurovela fe 1-20 (28)	1	ACA
aviane	1	ACA
ayuna	1	ACA
azurette (28)	1	ACA
balziva (28)	1	ACA
BEYAZ	3	Preferred Alternatives (drospirenone-eth estra-levomef); ACA
blisovi 24 fe	1	ACA
blisovi fe 1.5/30 (28)	1	ACA
blisovi fe 1/20 (28)	1	ACA
briellyn	1	ACA
camrese	1	ACA
camrese lo	1	ACA
caziant (28)	1	ACA
charlotte 24 fe	1	ACA
chateal eq (28)	1	ACA
cryselle (28)	1	ACA
cyred	1	ACA
cyred eq	1	ACA
dasetta 1/35 (28)	1	ACA
dasetta 7/7/7 (28)	1	ACA
daysee	1	ACA
desog-e.estradiol/e.estradiol	1	ACA
dolishale	1	ACA
drospirenone-e.estradiol-lm.fa	1	ACA
drospirenone-ethinyl estradiol	1	ACA
econtra ez	1	QL (1 Per fill); ACA
econtra one-step	1	QL (1 Per fill); ACA
elinest	1	ACA
ELLA	2	QL (1 Per fill); ACA
enpresse	1	ACA
enskyce	1	ACA
estarylla	1	ACA
ethynodiol diac-eth estradiol	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
falmina (28)	1	ACA
feirza	1	ACA
finzala	1	ACA
galbriela	1	ACA
gemmily	1	ACA
hailey	1	ACA
hailey 24 fe	1	ACA
hailey fe 1.5/30 (28)	1	ACA
hailey fe 1/20 (28)	1	ACA
iclevia	1	ACA
introvale	1	ACA
isibloom	1	ACA
jaimiess	1	ACA
jasmiel (28)	1	ACA
jolessa	1	ACA
joyeaux	1	ACA
juleber	1	ACA
junel 1.5/30 (21)	1	ACA
junel 1/20 (21)	1	ACA
junel fe 1.5/30 (28)	1	ACA
junel fe 1/20 (28)	1	ACA
junel fe 24	1	ACA
kaitlib fe	1	ACA
kalliga	1	ACA
kariva (28)	1	ACA
kelnor 1/35 (28)	1	ACA
kurvelo (28)	1	ACA
l norgest/e.estradiol-e.estrad	1	ACA
larin 1.5/30 (21)	1	ACA
larin 1/20 (21)	1	ACA
larin 24 fe	1	ACA
larin fe 1.5/30 (28)	1	ACA
larin fe 1/20 (28)	1	ACA
lessina	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
levonest (28)	1	ACA
levonorgest-eth.estradiol-iron	1	ACA
levonorgestrel	1	QL (1 Per fill); ACA
levonorgestrel-ethinyl estrad	1	ACA
levonorg-eth estrad triphasic	1	ACA
levora-28	1	ACA
lojaimiess	1	ACA
loryna (28)	1	ACA
low-ogestrel (28)	1	ACA
lo-zumandimine (28)	1	ACA
luizza	1	ACA
lutera (28)	1	ACA
marlissa (28)	1	ACA
mibelas 24 fe	1	ACA
microgestin 1.5/30 (21)	1	ACA
microgestin 1/20 (21)	1	ACA
microgestin fe 1.5/30 (28)	1	ACA
microgestin fe 1/20 (28)	1	ACA
mili	1	ACA
minzoya	1	ACA
mono-linyah	1	ACA
my choice	1	QL (1 Per fill); ACA
my way	1	QL (1 Per fill); ACA
necon 0.5/35 (28)	1	ACA
new day	1	QL (1 Per fill); ACA
nikki (28)	1	ACA
noreth-ethinyl estradiol-iron	1	ACA
norethindrone ac-eth estradiol	1	ACA
norethindrone-e.estradiol-iron	1	ACA
norgestimate-ethinyl estradiol	1	ACA
nortrel 0.5/35 (28)	1	ACA
nortrel 1/35 (21)	1	ACA
nortrel 1/35 (28)	1	ACA
nortrel 7/7/7 (28)	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
nylia 1/35 (28)	1	ACA
nylia 7/7/7 (28)	1	ACA
ocella	1	ACA
opcicon one-step	1	QL (1 Per fill); ACA
option-2	1	QL (1 Per fill); ACA
philith	1	ACA
pimtrea (28)	1	ACA
PLAN B ONE-STEP	2	QL (1 Per fill); ACA
portia 28	1	ACA
reclipsen (28)	1	ACA
rivelsa	1	ACA
rosyrah	1	ACA
setlakin	1	ACA
simliya (28)	1	ACA
simpesse	1	ACA
sprintec (28)	1	ACA
sronyx	1	ACA
syeda	1	ACA
TAKE ACTION	3	QL (1 Per fill); ACA
tarina 24 fe	1	ACA
tarina fe 1/20 (28)	1	ACA
tilia fe	1	ACA
tri-estarylla	1	ACA
tri-legest fe	1	ACA
tri-linyah	1	ACA
tri-lo-estarylla	1	ACA
tri-lo-marzia	1	ACA
tri-lo-mili	1	ACA
tri-lo-sprintec	1	ACA
tri-mili	1	ACA
tri-sprintec (28)	1	ACA
tri-vylibra	1	ACA
tri-vylibra lo	1	ACA
turqoz (28)	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
tydemy	1	ACA
valtya	1	ACA
velivet triphasic regimen (28)	1	ACA
vestura (28)	1	ACA
vienva	1	ACA
viorele (28)	1	ACA
volnea (28)	1	ACA
vyfemla (28)	1	ACA
vylibra	1	ACA
wera (28)	1	ACA
wymzya fe	1	ACA
xarah fe	1	ACA
xelria fe	1	ACA
YAZ (28)	3	Preferred Alternatives (drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura); ACA
zarah	1	ACA
zovia 1-35 (28)	1	ACA
zumandimine (28)	1	ACA
OXYTOCICS		
methylergonovine	1	QL (240 Per fill)
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	
bacitracin	1	
bacitracin-polymyxin b	1	
BETADINE OPHTHALMIC PREP	3	
ciprofloxacin hcl	1	
erythromycin	1	
gatifloxacin	1	
gentamicin	1	
levofloxacin	1	
moxifloxacin	1	
MOXIFLOXACIN (PF)-BSS	3	

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Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
neo-polycin	1	
OCUFLOX	3	Preferred Alternatives (ofloxacin)
ofloxacin	1	
polycin	1	
polymyxin b sulf-trimethoprim	1	
povidone-iodine	1	
tobramycin	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX	3	Preferred Alternatives (tobramycin sulfate)
VIGAMOX	3	Preferred Alternatives (moxifloxacin hcl)
ANTIVIRALS		
trifluridine	1	
ZIRGAN	3	Preferred Alternatives (trifluridine)
BETA-BLOCKERS		
betaxolol	1	
BETOPTIC S	3	Preferred Alternatives (betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate)
carteolol	1	
levobunolol	1	
timolol	1	
timolol maleate	1	
timolol maleate (pf)	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	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
CYCLOGYL	3	Preferred Alternatives (cyclopentolate hcl)
cyclopentolate	1	
cyclopen-tropic-phenyleph-watr	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
homatropaire	1	
MYDCOMBI	3	
MYDRIACYL	3	Preferred Alternatives (tropicamide)
phenyleph-tropicamide in water	1	
tropicamide	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
pilocarpine hcl	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	Preferred Alternatives (proparacaine hcl)
altacaine	1	
ALTAFLUOR BENOX	3	
azelastine	1	
BEOVU	3	ST; Preferred Alternatives (PAVBLU)
bepotastine besilate	1	ST
BEVACIZUMAB	3	
BYOOVIZ	3	ST
CEQUA	3	PA; QL (60 Per fill); Preferred Alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
CIMERLI	3	ST
cromolyn	1	
cyclosporine	1	PA; QL (60 Per fill)
CYSTARAN	3	
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
epinastine	1	
FLUORESCEIN-BENOXINATE	3	

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Drug Name	Drug Tier	Requirements / Limits
fluorescein-proparacaine	1	
IHEEZO (PF)	3	
KLARITY (CHONDROITIN) (PF)	3	
MIEBO (PF)	2	PA; QL (3 Per fill)
MOXIFLOXACIN-BROMFENAC	3	
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
OMIDRIA	3	
OXERVATE	3	PA
PAVBLU	3	ST
PHOTREXA CROSS-LINKING KIT	3	
prednisoln sp-moxiflox-bromfen	1	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
prednisolone sod ph-bromfenac	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
PREDNISOLON-MOXIFLOX-KETOROLAC	3	
proparacaine	1	
RESTASIS	3	PA; QL (60 Per fill); Preferred Alternatives (cyclosporine)
RESTASIS MULTIDOSE	2	PA; QL (6 Per fill)
tetracaine hcl	1	
TETRACAINE HCL (PF)	3	
TRYPTYR	3	PA; Preferred Alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
TYRVAYA	3	PA; Preferred Alternatives (cyclosporine, RESTASIS MULTIDOSE, XIIDRA)
VEVYE	3	PA; QL (2 Per fill); Preferred Alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
XDEMVY	3	QL (10 Per fill)
XIIDRA	2	PA; QL (60 Per fill)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
ACULAR	3	ST; Preferred Alternatives (ketorolac tromethamine)
ACULAR LS	3	ST; Preferred Alternatives (ketorolac tromethamine)
bromfenac	1	
diclofenac sodium	1	
flurbiprofen sodium	1	
ILEVRO	3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
ketorolac	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
methazolamide	1	
OTHER GLAUCOMA DRUGS		
bimatoprost	1	ST
BRIMONIDINE-DORZOLAMIDE	3	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
BRIMONIDINE-DORZOL-BIMATOPROST	3	
brimonidine-timolol	1	
brinzolamide	1	
COMBIGAN	3	Preferred Alternatives (brimonidine tartrate-timolol)
dorzolamide	1	
DORZOLAMIDE (PF)	3	
dorzolamide-timolol	1	
dorzolamide-timolol (pf)	1	
latanoprost	1	ST
miostat	1	
RHOPRESSA	3	Preferred Alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate)
ROCKLATAN	3	ST; Preferred Alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate)

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
SIMBRINZA	3	Preferred Alternatives (brimonidine tartrate, brinzolamide, dorzolamide-timolol)
TIMOL-BRIMON-DORZOL-BIMATO(PF)	3	
TIMOLOL-BIMATOPROST	3	
TIMOLOL-BRIMON-DORZOL-BIMATOP	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF)	3	
TIMOLOL-DORZOLAMIDE-BIMATOPROS	3	
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	Preferred Alternatives (neomycin-polymyxin-dexameth)
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc	1	
neo-polycin hc	1	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	Preferred Alternatives (tobramycin-dexamethasone)
tobramycin-dexamethasone	1	
STEROIDS		
dexamethasone sodium phosphate	1	
DEXTENZA	3	
difluprednate	1	
EYSUVIS	2	PA; QL (8.3 Per fill)
fluorometholone	1	
FML LIQUIFILM	3	ST; Preferred Alternatives (fluorometholone)
ILUVIEN	3	Preferred Alternatives (OZURDEX)
INVELTYS	3	ST; Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)

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

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; Preferred Alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST; Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX SM	3	ST; Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
loteprednol etabonate	1	ST
OZURDEX	3	
PRED FORTE	3	Preferred Alternatives (prednisolone acetate)
prednisolone acetate	1	
PREDNISOLONE ACETATE (PF)	3	
prednisolone sodium phosphate	1	
RETISERT	3	
YUTIQ	3	Preferred Alternatives (OZURDEX)
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone	1	
SULFONAMIDES		
sulfacetamide sodium	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	Preferred Alternatives (brimonidine tartrate)
apraclonidine	1	
brimonidine	1	
IOPIDINE	3	Preferred Alternatives (brimonidine tartrate)
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
phenylephrine hcl	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
AUVI-Q	2	QL (4 Per fill)
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
carbzah	1	ST
CLARINEX	3	QL (30 Per fill); Preferred Alternatives (desloratadine)
cyproheptadine	1	
desloratadine	1	QL (30 Per fill)
dexchlorpheniramine maleate	1	PA
epinephrine injection auto-injector	1	QL (4 Per fill)
EPINEPHRINE INJECTION SYRINGE	3	QL (4 Per fill)
EPIPEN	3	QL (4 Per fill); Preferred Alternatives (epinephrine)
EPIPEN JR	3	QL (4 Per fill); Preferred Alternatives (epinephrine)
hydroxyzine hcl	1	
hydroxyzine pamoate	1	
NEFFY	2	QL (4 Per fill)
promethazine	1	
promethegan	1	
RYCLORA	3	Preferred Alternatives (dexchlorpheniramine maleate)
RYVENT	3	ST; Preferred Alternatives (carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride)
COUGH & COLD THERAPY		
benzonatate	1	
BROMFED DM	3	Preferred Alternatives (bromipheniramin-pseudoephed-dm)
brompheniramine-pseudoeph-dm	1	
CLARINEX-D 12 HOUR	3	QL (60 Per fill); Preferred Alternatives (desloratadine, fexofenadine-pse er)
codeine-guaifenesin	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
CODITUSSIN AC	3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
CODITUSSIN DAC	3	Preferred Alternatives (guaifenesin dac, VIRTUSSIN DAC)
g tussin ac	1	
HISTEX-AC	3	Preferred Alternatives (promethazine vc w/codeine)
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	Preferred Alternatives (hydrocodone-homatropine mbr)
hydrocodone-chlorpheniramine	1	
hydrocodone-homatropine	1	
hydromet	1	
MAR-COF CG	3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
maxi-tuss ac	1	
MAXI-TUSS CD	3	
NINJACOF-XG	3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
POLY-TUSSIN AC	3	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenylephrine	1	
RESPA-AR	3	
TUXARIN ER	3	
PULMONARY AGENTS		
ACCOLATE	3	Preferred Alternatives (zafirlukast)
acetylcysteine	1	
ADEMPAS	3	PA; QL (90 Per fill)
ADVAIR HFA	2	ST; QL (8 Per fill)
AIRSUPRA	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
albuterol sulfate inhalation hfa aerosol inhaler	1	QL (17 Per fill)
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral	1	
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; QL (56 Per fill)
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; QL (84 Per fill)
alyq	3	ST; QL (60 Per fill)
ambrisentan	3	ST; QL (30 Per fill)
ANDEMBRY AUTOINJECTOR	3	ST; Preferred Alternatives (HAEGARDA, TAKHZYRO)
ANORO ELLIPTA	2	QL (14 Per fill)
arformoterol	1	QL (120 Per fill)
ASMANEX HFA	2	QL (13 Per fill)
ASMANEX TWISTHALER	2	QL (1 Per fill)
ATROVENT HFA	3	QL (26 Per fill); Preferred Alternatives (budesonide-formoterol fumarate, tiotropium bromide, ANORO ELLIPTA, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT)
bosentan oral tablet	3	ST; QL (60 Per fill)
bosentan oral tablet for suspension	3	PA; QL (120 Per fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	ST; QL (28 Per fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	ST; QL (60 Per fill)
breyna	1	ST; QL (11 Per fill)
BREZTRI AEROSPHERE	2	QL (5.9 Per fill)
BRINSUPRI	3	PA
BRONCHITOL	3	PA; Preferred Alternatives (nebusal, pulmosal, sodium chloride)
BROVANA	3	QL (120 Per fill); Preferred Alternatives (arformoterol tartrate)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 Per fill)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (60 Per fill)

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
budesonide-formoterol	1	ST; QL (11 Per fill)
CINRYZE	3	ST; QL (32 per 21 days)
COMBIVENT RESPIMAT	2	QL (8 Per fill)
cromolyn	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	ST; QL (1 Per fill)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	ST; QL (9 Per fill)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	ST; QL (13 Per fill)
FASENRA PEN	2	ST; QL (1 per 42 days)
flunisolide	1	ST; QL (50 Per fill)
fluticasone propionate	1	QL (16 Per fill)
fluticasone propion-salmeterol	1	ST; QL (1 Per fill)
formoterol fumarate	1	QL (120 Per fill)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	3	ST; QL (24 per 21 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	3	ST; QL (16 per 21 days)
HYPER-SAL	3	Preferred Alternatives (sodium chloride)
icatibant	3	ST; QL (12 per 21 days)
INCRUSE ELLIPTA	2	QL (1 Per fill)
ipratropium bromide	1	
ipratropium-albuterol	1	QL (540 Per fill)
KALBITOR	3	ST; Preferred Alternatives (icatibant); QL (12 per 21 days)
KALYDECO	3	PA; QL (56 Per fill)
levalbuterol hcl	1	
mometasone	1	ST; QL (17 Per fill)
montelukast	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	ST; QL (1 per 21 days)

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
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	ST; QL (0.4 per 21 days)
OFEV	3	PA; QL (60 Per fill)
OPSUMIT	3	ST; QL (30 Per fill)
OPSYNVI	3	ST; QL (30 Per fill)
ORKAMBI ORAL GRANULES IN PACKET	3	PA; QL (56 Per fill)
ORKAMBI ORAL TABLET	3	PA; QL (112 Per fill)
ORLADEYO	3	ST; Preferred Alternatives (HAEGARDA, TAKHZYRO); QL (28 per 21 days)
pirfenidone oral capsule	3	ST; QL (270 Per fill)
pirfenidone oral tablet 267 mg	3	ST; QL (270 Per fill)
pirfenidone oral tablet 801 mg	3	ST; QL (90 Per fill)
pulmosal	1	
PULMOZYME	3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 Per fill)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 Per fill)
REVATIO INTRAVENOUS	3	Preferred Alternatives (sildenafil citrate)
REVATIO ORAL	3	ST; QL (90 Per fill); Preferred Alternatives (sildenafil citrate)
roflumilast oral tablet 250 mcg	1	ST; QL (30 Per fill)
roflumilast oral tablet 500 mcg	1	ST
RUCONEST	3	ST; QL (16 per 21 days)
RYALTRIS	3	ST; QL (29 Per fill); Preferred Alternatives (azelastine hcl, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl)
sajazir	3	ST; QL (12 per 21 days)
sildenafil (pulm.hypertension) intravenous	3	
sildenafil (pulm.hypertension) oral suspension for reconstitution	3	ST; QL (112 Per fill)
sildenafil (pulm.hypertension) oral tablet	3	PA; QL (90 Per fill)
SINUVA	3	

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Drug Name	Drug Tier	Requirements / Limits
sodium chloride	1	
SPIRIVA RESPIMAT	2	QL (4 Per fill)
SPIRIVA WITH HANDIHALER	3	QL (30 Per fill); Preferred Alternatives (tiotropium bromide)
STIOLTO RESPIMAT	2	QL (4 Per fill)
STRIVERDI RESPIMAT	2	QL (4 Per fill)
SYMDEKO	3	PA; QL (56 Per fill)
tadalafil (pulm. hypertension)	3	ST; QL (60 Per fill)
TAKHZYRO	3	ST; QL (2 per 21 days)
terbutaline	1	
TEZSPIRE	3	PA; QL (1.91 per 21 days)
THEO-24	3	Preferred Alternatives (theophylline anhydrous)
theophylline	1	
tiotropium bromide	1	
TRACLEER ORAL TABLET	3	ST; QL (60 Per fill); Preferred Alternatives (bosentan)
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; QL (120 Per fill); Preferred Alternatives (bosentan)
TRELEGY ELLIPTA	2	QL (28 Per fill)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; QL (56 Per fill)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; QL (84 Per fill)
TYVASO	3	PA
TYVASO DPI	3	PA
TYVASO REFILL KIT	3	PA
TYVASO STARTER KIT	3	PA
VENTAVIS	3	ST; Preferred Alternatives (TYVASO, YUTREPIA)
WINREVAIR	3	ST
wixela inhub	1	ST; QL (1 Per fill)
XHANCE	2	ST; QL (32 Per fill)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL (2 per 21 days)
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE	2	PA; QL (2 per 21 days)
YUPELRI	2	QL (30 Per fill)

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Drug Name	Drug Tier	Requirements / Limits
YUTREPIA	3	PA
zafirlukast	1	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin	1	
fesoterodine	1	
flavoxate	1	
GEMTESA	3	Preferred Alternatives (mirabegron er, MYRBETRIQ)
mirabegron	1	
MYRBETRIQ	2	

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Drug Name	Drug Tier	Requirements / Limits
oxybutynin chloride	1	
OXYTROL	3	ST; Preferred Alternatives (fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ); QL (8 per 21 days)
solifenacin	1	
tolterodine	1	
trospium	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	1	
dutasteride	1	ST
dutasteride-tamsulosin	1	ST
finasteride	1	
JALYN	3	ST; Preferred Alternatives (dutasteride-tamsulosin)
PROSCAR	3	ST; Preferred Alternatives (finasteride)
silodosin	1	
tadalafil oral tablet 10 mg, 20 mg, 5 mg	1	PA; QL (8 Per fill)
tadalafil oral tablet 2.5 mg	1	PA; QL (30 Per fill)
tamsulosin	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	
MISCELLANEOUS UROLOGICALS		
avanafil	1	PA; QL (8 Per fill)
CAVERJECT	2	PA; QL (12 Per fill)
CAVERJECT IMPULSE	2	PA; QL (12 Per fill)
CYSTAGON	3	
EDEX	3	PA; QL (6 Per fill); Preferred Alternatives (CAVERJECT, CAVERJECT)
ELMIRON	2	
IFE-BIMIX 30/1	3	
K-PHOS NO 2	3	Preferred Alternatives (phospha 250 neutral, K-PHOS ORIGINAL)

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Drug Name	Drug Tier	Requirements / Limits
K-PHOS ORIGINAL	2	
mb caps	1	
methen-sod phos-meth blue-hyos	1	
ORACIT	3	Preferred Alternatives (oral citrate)
OXLUMO	3	PA
potassium citrate	1	
RENACIDIN	2	
sildenafil	1	PA; QL (8 Per fill)
sodium citrate-citric acid	1	
STENDRA	3	PA; QL (8 Per fill); Preferred Alternatives (avanafil)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	
URELLE	3	Preferred Alternatives (phosphasal, uretron d-s)
uretron d-s	1	
URIBEL TABS	3	
urimar-t	1	
UROCIT-K 10	3	Preferred Alternatives (potassium citrate er)
UROCIT-K 15	3	Preferred Alternatives (potassium citrate er)
urogesic-blue	1	
uro-mp	1	
UROQID-ACID NO.2	3	Preferred Alternatives (methenamine mandelate)
uro-sp	1	
uryl	1	
vardenafil	1	PA; QL (8 Per fill)
URINARY ANESTHETICS		
phenazopyridine	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA	3	
calcium acetate(phosphat bind)	1	QL (360 Per fill)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	Preferred Alternatives (effer-k, klor-con-ef)

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
effer-k oral tablet, effervescent 25 meq	1	
GALZIN	3	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
lanthanum	1	QL (90 Per fill)
LOKELMA	2	QL (30 Per fill)
lugols	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
potassium chloride oral tablet,er particles/crystals	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (180 Per fill)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (90 Per fill)
RENVELA ORAL TABLET	3	QL (270 Per fill)
sevelamer carbonate oral powder in packet 0.8 gram	1	QL (180 Per fill)
sevelamer carbonate oral powder in packet 2.4 gram	1	QL (90 Per fill)
sevelamer carbonate oral tablet	1	QL (270 Per fill)
sevelamer hcl oral tablet 400 mg	1	QL (450 Per fill)
sevelamer hcl oral tablet 800 mg	1	QL (270 Per fill)
sodium polystyrene sulfonate	1	
sps (with sorbitol)	1	
strong iodine	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	QL (120 Per fill)

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
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM	2	QL (30 Per fill)
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	2	QL (90 Per fill)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	3	PA
VITAMINS & HEMATINICS		
ACCRUFER	3	Preferred Alternatives (ferrous fumarate, ferrous gluconate)
b complex 1 (with folic acid)	1	ACA
b complex-vitamin c-folic acid	1	ACA
bal-care dha	1	
BAL-CARE DHA ESSENTIAL	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
b-complex with vitamin c	1	ACA
classic prenatal	1	ACA
c-nate dha	1	
complete natal dha	1	
CONCEPT DHA	3	Preferred Alternatives (taron-c dha, VIRT-C DHA)
CONCEPT OB	3	Preferred Alternatives (folivane-ob)
cyanocobalamin (vitamin b-12) injection	1	
cyanocobalamin (vitamin b-12) nasal	1	ST; QL (4 Per fill)
dialyvite 800	1	ACA
dodex	1	
elite-ob	1	
ENBRACE HR	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
ergocalciferol (vitamin d2)	1	
flotrex	1	ACA
fluoride (sodium)	1	ACA
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA
folitab	1	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
folivane-ob	1	
foltabs 800	1	ACA
full spectrum b-vitamin c	1	ACA
hydroxocobalamin	1	
kobee	1	ACA
KOSHER PRENATAL PLUS IRON	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
ludent fluoride	1	ACA
MARNATAL-F	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
MECOBALAMIN (VITAMIN B12)	3	
m-natal plus	1	
multi-vitamin with fluoride	1	ACA
multivit-fluoride (metafolin)	1	ACA
mvc-fluoride	1	ACA
mynatal	1	
mynatal plus	1	
mynatal-z	1	
NASCOBAL	2	ST; QL (4 Per fill)
NEEVODHA (WITH ALGAL OIL)	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
neo-vital rx	1	
NESTABS	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
NESTABS ABC	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NESTABS DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NESTABS ONE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
newgen	1	

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Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
OB COMPLETE ONE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
OB COMPLETE PETITE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
OB COMPLETE PREMIER	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
OB COMPLETE WITH DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
one natal rx	1	
pnv-dha	1	
pnv-omega	1	
pnv-select	1	
pr natal 400	1	
pr natal 400 ec	1	
pr natal 430	1	
pr natal 430 ec	1	
PRENATA	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
prenatabs fa	1	
prenatabs rx	1	
prenatal	1	ACA
prenatal complete	1	ACA
prenatal multi-dha (algal oil)	1	ACA
prenatal multivitamins	1	ACA
prenatal one daily	1	ACA
prenatal plus	1	
prenatal plus (calcium carb)	1	
PRENATAL PLUS DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)

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

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS VITAMIN-MINERAL	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
prenatal vit no.179-iron-folic	1	ACA
prenatal vitamin	1	ACA
prenatal vitamin with minerals	1	ACA
prenatal-u	1	
PRENATE AM	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE CHEWABLE	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE DHA (FERR ASP GLYCIN)	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE ELITE (IRON ASP GLYC)	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE ENHANCE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE ESSENTIAL(IRON-ASP-GL)	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE MINI (FERR ASP GLYCIN)	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE PIXIE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE RESTORE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE STAR	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PROVIDA OB	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
purevita folic acid	1	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
rena-vite	1	ACA
R-NATAL OB	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
SELECT-OB	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
SELECT-OB (FOLIC ACID)	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
SELECT-OB + DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
se-natal 19	1	
se-natal 19 chewable	1	
soluvita	1	ACA
soluvita a,c,d with fluoride	1	ACA
stress formula with iron(sulf)	1	ACA
super b-50 complex	1	ACA
super quints	1	ACA
taron-c dha	1	
THRIVITE RX	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
TRICARE	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
tricon	1	ACA
TRIFERIC	3	
trinatal rx 1	1	
trinate	1	
TRISTART DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
tri-vitamin with fluoride	1	ACA
VITAFOL FE PLUS	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)

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

Drug Name	Drug Tier	Requirements / Limits
VITAFOL GUMMIES	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL ULTRA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL-OB	3	Preferred Alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
VITAFOL-OB+DHA	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL-ONE	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAMEDMD ONE RX	3	Preferred Alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
vitamin b complex-folic acid	1	ACA
vitamins a,c,d and fluoride	1	ACA
wescap-pn dha	1	
wesnatal dha complete	1	
wesnate dha	1	
westab plus	1	
westgel dha	1	
zatean-pn dha	1	
zatean-pn plus	1	
zingiber	1	

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