VCHCP Large Group Commercial Formulary Guidebook

Please note that the formulary is subject to change and all previous copies of the formulary should be discarded.
Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website: https://vchcp.venturacounty.gov/members/programs/docs/ProviderDrugList.pdf
Here is the link to the plan-specific coverage documents that include cost sharing applicable to prescription drugs:

- EOC Prescription Drug Benefit
- Member Handbook Prescription Drug Benefit

HEALTH PLAN CONTACT INFORMATION

Ventura County Health Plan
2220 E. Gonzales Road, Ste 210B, Oxnard CA. 93036
Monday - Friday, 8:30 a.m. to 4:30 p.m.
24-hour Administrator access for emergency providers at
PHONE: (805) 981-5050 or (800) 600-8247
FAX: (805) 981-5051
Email: VCHCP.Memberservices@ventura.org
(Email is responded to Mon-Fri, 8:30 a.m. - 4:30 p.m.)
Language Line Services:
Phone: (805) 981-5050
Toll-free: (800) 600-8247
TDD to Voice: (800) 735-2929
Voice to TDD: (800) 735-2922

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.

Table of Contents

PRESCRIPTION BENEFIT SUMMARY

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Commercial Benefit Plans:
HERE IS THE DIRECT LINK FOR THE LOCATION OF THE EVIDENCE OF COVERAGE BOOKLET:
https://vchcp.venturacounty.gov/members/programs/docs/countyemployees/EOCCountyAndClinicEmp2024.pdf

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a 30 day supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$9	Not Covered
Tier 2 (Preferred Brand)	$30	Not Covered
Tier 3 (Non-Preferred Brand)	$45	Not Covered
Tier 4 (Specialty Drugs) Specialty 3 Tier Benefit Design (requires prior authorization) Generic Brand (preferred) Brand (non-preferred) Authorization is required	10% (up to $100 Maximum) 10% (Up to $250 Max) 10% (up to $250 Max)	Not Covered
Mail Order Prescriptions (up to a 90-day supply. Full copay applies regardless of quantity supplied.)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$18	Not Covered
Tier 2 (Preferred Brand)	$60	Not Covered
Tier 3 (Non-Preferred Brand)	$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

* Please note that Schedule II drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.

Informational Section

1. Definitions:
   A. “Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
   B. “Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
   C. “Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
   D. “Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
   E. “Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.
   F. “Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
   G. “Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.
   H. “Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.
   I. “Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,
   J. “Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
   K. “Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

   L. “Out-of-pocket cost” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
   M. “Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
   N. “Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the

prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

O. "Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

P. "Prior Authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

Q. "Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

R. "Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

2. There are no additional or different terms in the formulary that are necessary for comprehension of the prescription drug benefit other than what is described in the definition section.
3. A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index.
    a. To locate by Therapeutic Class - The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE". If you know what your drug is used for, look for the category name in the table of contents.
    b. To locate by Searching the Index Page – Alphabetical- If you are not sure what category to look under, you should look for your drug in the Index that is located towards the bottom of the page. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

    ii.) If a generic equivalent for a brand name drug is not available on the market, the drug will not be separately listed by its generic name.
4. A description of how drugs are listed in the categorical list of prescription drugs
    i.) A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs
    ii.) The generic name of a brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters
    iii.) If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters

iv.) In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

a) For Example: ALINIA ORAL TABLET 500 MG **(*nitazoxanide*)** = this drug is available both as a brand name drug and a generic equivalent

5. A description of Drug Tiers in the Formulary

Commercial Plans

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a 30 day supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$9	Not Covered
Tier 2 (Preferred Brand)	$30	Not Covered
Tier 3 (Non-Preferred Brand)	$45	Not Covered
Tier 4 (Specialty Drugs) Specialty 3 Tier Benefit Design (requires prior authorization) Generic Brand (preferred) Brand (non-preferred) Authorization is required	10% (up to $100 Maximum) 10% (Up to $250 Max) 10% (up to $250 Max)	Not Covered
Mail Order Prescriptions (up to a 90-day supply. Full copay applies regardless of quantity supplied.)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$18	Not Covered
Tier 2 (Preferred Brand)	$60	Not Covered
Tier 3 (Non-Preferred Brand)	$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

* Please note that Schedule II drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.

6. Description of Ventura County Health Care Plan's Utilization Management restrictions:

i.) 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.

ii.) 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.

iii.) Quantity Limits - For certain drugs, the Plan limits the amount of the drug that we will cover.

iv.) Limited Availability - This prescription may be available only at certain pharmacies. For more information, please call Customer Service at (800) 811-0293.

7. This formulary only includes drugs that are covered under the Pharmacy Benefit. Drugs that are covered under the Medical Benefit follows the same claims and prior authorization process as regular medical claims. For information on how to obtain coverage information concerning drugs covered under the medical benefit, please call Ventura County Health Care Plan Member Services at 805-981-5050 or (800) 600-8247 (Monday to Friday 8:30am to 4:30pm)
8. Ventura County Health Care Plan updates the formulary with changes on a monthly basis and re-posted monthly in VCHCP's member and provider website. These monthly changes are effective immediately. Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website: https://vchcp.venturacounty.gov/members/programs/docs/ProviderDrugList.pdf. Notice to members and providers regarding the monthly updates is provided through the Member and Provider Newsletters sent twice a year. The types of changes that may occur are additions and deletions of formulary drugs.
9. Please note that the presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.
10. Ventura County Health Care Plan covers nonformulary drugs when medically necessary
    i.) The member's Explanation of Coverage (EOC) booklet is posted on the Plan's member website which explains the process by which members may obtain coverage for non-formulary drugs. Members may consult with their physicians regarding an individual exception and if the physician is in agreement, the physician may submit an Authorization Request for that medication. Copays for these prescriptions will be at the 3rd or 4th tier. Requests for Authorization after regular business hours may be made by telephone by the prescribing physician to the Plan. Requests for Authorization during regular business hours may be made by telephone, in writing, or by facsimile by the pharmacy or the prescribing physician to the Plan. The Plan processes requests for new prescriptions, and for refills when exigent circumstances exist, within 24 hours and processes requests for other refills within 48 hours of the Plan's receipt of the request. A verbal Authorization may be given to the pharmacy or requesting physician. The notification letter is transmitted to the prescribing physician and mailed to the member. The Utilization Management (UM) denial notification letters indicate any alternative drug or treatment offered by the Plan and inform the member of Plan grievance procedures.
    ii.) Ventura County Health Care Plan notifies the enrollee or his or her designee and the enrollee's prescribing provider of its coverage determination no later than 72 hours following receipt of a non-urgent request and 24 hours following receipt of a request based on exigent circumstances.
    iii.) Ventura County Health Care Plan provides coverage to a non-urgent request for the duration of the prescription, including refills, and request based on exigent circumstances, for the duration of the exigency.
    iv.) The denial of a coverage request for a nonformulary drug may be appealed and the UM notification letter provides more information on appeal rights and procedures.
11. Instructions on how to locate a network retail pharmacy and fill a prescription through a network retail pharmacy, mail order pharmacy, and specialty pharmacy
    i.) Covered medications must be dispensed by an In-Network Pharmacy. The pharmacy benefit manager maintains a nationwide network of In-Network Pharmacies. A list of locations within the Service Area is available on the Plan's website at www.vchcp.venturacounty.govor please call the Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 to have a printed

copy mailed to you. Members are encouraged to call the PBM's toll-free number printed on their member identification pharmacy card for locations of In-Network pharmacies outside the Service Area. Covered medications dispensed by an out-of-network pharmacy will be covered only when dispensed in conjunction with, and immediately following, an Emergency or Urgently Needed Services or Out-of-Area Coverage. In such circumstances, the member must pay for covered medications at the time they are dispensed and submit a claim for reimbursement to the PBM. The member will be reimbursed by the PBM the amount that would have been due the In-Network pharmacy. The PBM will reimburse member claims for prescriptions, subject to dispensing limits and Plan authorization requirements.

12. Description of the process for requesting prior authorization or an exception to a step therapy requirement.
    i.) When a physician requests a medication that has a prior authorization (PA) requirement, the pharmacy or the prescribing physician must contact the Plan explaining the medical necessity of the request, including past therapeutic attempts, contraindications to medications and allergies when applicable. Providers are required to use Form No. 61-211 to submit prior authorization requests for prescription drugs. For providers who have access to CERNER, the Plan allows providers to submit prior authorization requests for prescription drugs through CERNER, an electronic prior authorization request system. The Plan's electronic prior authorization system utilize Form No. 61-211. The Plan has the Form 61-211 electronically available on its website. The Plan utilizes a step therapy process for prescription drugs. The Plan requires providers to use Form No. 61-211 to submit step therapy exception requests. The Plan follows its prior-authorization policy and procedure which treats and responds to step therapy exception requests in the same manner as requests for prior authorization for prescription drugs. Requests for exceptions to step therapy processes for prescription drugs may be submitted in the same manner as a request for prior authorization for prescription drugs and shall be treated in the same manner. (See Drug Policy: Prior Authorization of Medications). Here is the link: https://vchcp.venturacounty.gov/providers/docs/padg/medrelatedpolicies/PriorAuthorizationOfMedications.pdf
13. Notice of an enrollee's rights concerning step therapy as provided in subdivision (d)(2) of section 1300.67.24 of title 28 of the California Code of Regulations.
    i) The Plan has an expeditious process in place to authorize exceptions to step therapy and non-formulary prescription drugs, as medically necessary. The Plan processes requests for prescriptions (including prior authorization of non-formulary drugs, and if applicable, certain formulary drugs, and any request for a step therapy exception, according to the following timelines:
        - For new prescriptions: Within 24 hours of the Plan's receipt of the request.
        - For all exigent circumstances (step therapy & formulary exception requests): Within 24 hours of the Plan's receipt of the request.
        - For urgent refills: Within 24 hours of the Plan's receipt of the request.
        - For other refills: Within 24 hours of the Plan's receipt of the request.
        - For non- urgent prior authorization, step therapy and formulary exception requests, the Plan responds within 72 hours of the Plan's receipt of the request.

    ii) The Plan conforms effectively and efficiently with the continuity of care requirements of the Act and regulations. In circumstances where an enrollee is changing plans and VCHCP is the new Plan, VCHCP does not require the enrollee to repeat step therapy when that enrollee is already being treated for that medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective for the enrollee's condition. Nothing in this section shall preclude the new Plan from imposing prior authorization requirement pursuant to Section 1367.24 for the

continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former plan, or preclude the prescribing provider from prescribing another drug covered by the new plan that is medically appropriate for the enrollee. For purposes of this section, "step therapy'' means a type of protocol that specifies the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are to be prescribed.

14. Ventura County Health Care Plan does not limit or exclude coverage for a drug if the health care service plan previously approved coverage of the drug for an enrollee's medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and safe and effective for treating the enrollee's medical condition.
15. Per Health and Safety Code Section 1367.51, Ventura County Health Care Plan shall cover diabetic drugs, equipment, and supplies such as blood glucose monitors and blood glucose test strips, generally available at any pharmacy. Additional detail on covered items can be found in the Evidence of Coverage.
16. Per Health and Safety Code Section 1367.25, the Plan shall cover up to a maximum of 12-month supply of FDA approved, self-administered hormonal contraceptives when dispensed or furnished at one time for an enrollee by a provider, pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies when requested by the member. The Plan shall also cover other FDA approved prescription contraceptive methods as noted in the Evidence of Coverage.
17. For members who are prescribed covered orally administered anti-cancer medications, the total amount of copayments and coinsurance shall not exceed $200 for an individual prescription of up to a 30-day supply
18. Process for requesting coverage and obtaining drugs that are limited to restricted specialty pharmacy access or subject to other network limitations on coverage.
    i. Member's healthcare provider will send prescription to Accredo via fax, phone or electronically.
    ii. Accredo will contact prescriber's office to verify member's information and coordinate the prior authorization if needed. Member will need to ensure the office has the member's correct phone number.
    iii. A pharmacist who is specialty-trained in member's condition prepares and checks prescription for accuracy.
    iv. A patient care advocate will call member within 2-5 days to schedule delivery and check benefits. Member can let Accredo know if member prefer to speak a language other than English. Member may also speak to a pharmacist.
    v. Accredo package medication to protect the contents and member's privacy and ship it at no extra charge.
    vi. When it's time for a refill, Accredo will give member a call (or send member a text if preferred) to schedule next shipment.

For more detailed information about your prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Ventura County Health Care Plan, please contact us. Our contact information, along with the date we last updated the formulary appears on the front cover page.

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

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 medication 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.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase bold italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Requirements and Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (***flucytosine***)	3	Preferred alternatives (flucytosine)
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	3	Preferred alternatives (fluconazole)
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***)	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fluconazole***)	3	Preferred alternatives (fluconazole)
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 per 30 days)
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	1	
itraconazole oral capsule 100 mg	1	QL (30 per 30 days)
itraconazole oral solution 10 mg/ml	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***)	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (***posaconazole***)	3	Preferred alternatives (posaconazole)
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	3	Preferred alternatives (nystatin, clotrimazole)
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	1	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	
SPORANOX ORAL CAPSULE 100 MG (***itraconazole***)	3	Preferred alternatives (itraconazole); QL (30 per 30 days)
terbinafine hcl oral tablet 250 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Requirements and Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (***voriconazole***)	3	PA; Preferred alternatives (voriconazole)
VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***)	4	PA; Preferred alternatives (fluconazole)
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
ANTIVIRALS		
abacavir oral solution 20 mg/ml	4	
abacavir oral tablet 300 mg	4	
abacavir-lamivudine oral tablet 600-300 mg	4	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***)	4	
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	4	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	2	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (***nirsevimab-alip***)	2	PA; ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	4	
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	4	
darunavir oral tablet 600 mg, 800 mg	4	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	4	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	4	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	4	
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	4	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (***rilpivirine hcl***)	4	
efavirenz oral tablet 600 mg	4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	4	
emtricitabine oral capsule 200 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	4	ACA
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	4	
EMTRIVA ORAL CAPSULE 200 MG (***emtricitabine***)	4	Preferred alternatives (emtricitabine)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	4	
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML (***clesrovimab-cfor***)	2	PA; ACA
entecavir oral tablet 0.5 mg, 1 mg	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***)	4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	4	PA
EPIVIR ORAL SOLUTION 10 MG/ML (***lamivudine***)	4	Preferred alternatives (lamivudine)
EPIVIR ORAL TABLET 150 MG, 300 MG (***lamivudine***)	4	Preferred alternatives (lamivudine)
etravirine oral tablet 100 mg, 200 mg	4	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	4	Preferred alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR)
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 per 30 days)
famciclovir oral tablet 250 mg	1	QL (60 per 30 days)
FLUMADINE ORAL TABLET 100 MG (***rimantadine hcl***)	3	Preferred alternatives (rimantadine hcl)
fosamprenavir oral tablet 700 mg	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	4	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	4	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	4	PA
INTELENCE ORAL TABLET 100 MG, 200 MG (***etravirine***)	4	Preferred alternatives (etravirine)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	4	
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	2	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	4	
KALETRA ORAL SOLUTION 400-100 MG/5 ML (***lopinavir/ritonavir***)	4	Preferred alternatives (lopinavir-ritonavir)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (***lopinavir/ritonavir***)	4	Preferred alternatives (lopinavir-ritonavir)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***)	2	QL (40 per 180 days)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg	1	PA
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	4	
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	4	PA; QL (112 per 21 days)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
maraviroc oral tablet 150 mg, 300 mg	4	
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
NORVIR ORAL TABLET 100 MG (***ritonavir***)	4	Preferred alternatives (ritonavir)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	4	
oseltamivir oral capsule 30 mg	1	QL (20 per 30 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (10 per 30 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL (180 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) (***nirmatrelvir/ritonavir***)	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) (***nirmatrelvir/ritonavir***)	2	
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	2	QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	4	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***)	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	2	QL (112 per 365 days)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	4	
PREZISTA ORAL TABLET 150 MG, 75 MG (***darunavir***)	4	
PREZISTA ORAL TABLET 600 MG, 800 MG (***darunavir***)	4	Preferred alternatives (darunavir)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	3	Preferred alternatives (oseltamivir phosphate); QL (20 per 30 days)
RETROVIR ORAL CAPSULE 100 MG (***zidovudine***)	4	Preferred alternatives (zidovudine)
RETROVIR ORAL SYRUP 10 MG/ML (***zidovudine***)	4	Preferred alternatives (zidovudine)
REYATAZ ORAL CAPSULE 200 MG, 300 MG (***atazanavir sulfate***)	4	Preferred alternatives (atazanavir sulfate)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	4	
ribavirin inhalation recon soln 6 gram	1	PA
ribavirin oral capsule 200 mg	4	PA
ribavirin oral tablet 200 mg	4	PA
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG (***maraviroc***)	4	Preferred alternatives (maraviroc)
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	4	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	4	
SYMFI ORAL TABLET 600-300-300 MG (***efavirenz/lamivudine/tenofovir disoproxil fumarate***)	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***)	4	PA; LA
TAMIFLU ORAL CAPSULE 30 MG (***oseltamivir phosphate***)	3	Preferred alternatives (oseltamivir phosphate); QL (20 per 30 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (***oseltamivir phosphate***)	3	Preferred alternatives (oseltamivir phosphate); QL (10 per 30 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (***oseltamivir phosphate***)	3	Preferred alternatives (oseltamivir phosphate); QL (180 per 30 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***)	3	
TEMBEXA ORAL TABLET 100 MG (***brincidofovir***)	3	
tenofovir disoproxil fumarate oral tablet 300 mg	4	
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	4	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	4	
TYBOST ORAL TABLET 150 MG (***cobicistat***)	4	Preferred alternatives (ritonavir, NORVIR)
valacyclovir oral tablet 1 gram, 500 mg	1	QL (30 per 30 days)
VALCYTE ORAL RECON SOLN 50 MG/ML (***valganciclovir hcl***)	3	Preferred alternatives (valganciclovir hcl)
VALCYTE ORAL TABLET 450 MG (***valganciclovir hcl***)	3	Preferred alternatives (valganciclovir hcl)

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Prescription Drug Name	Drug Tier	Requirements and Limits
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	4	
VIREAD ORAL TABLET 300 MG (***tenofovir disoproxil fumarate***)	4	Preferred alternatives (tenofovir disoproxil fumarate)
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***)	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG (***baloxavir marboxil***)	3	Preferred alternatives (oseltamivir phosphate)
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	4	PA; ACA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	4	PA; ACA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	4	PA
ZIAGEN ORAL SOLUTION 20 MG/ML (***abacavir sulfate***)	4	Preferred alternatives (abacavir)
zidovudine oral capsule 100 mg	4	
zidovudine oral syrup 10 mg/ml	4	
zidovudine oral tablet 300 mg	4	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral packet 1 gram	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***)	3	Preferred alternatives (vancomycin hcl); QL (1 per 30 days)
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	3	Preferred alternatives (fidaxomicin); QL (20 per 30 days)
e.e.s. 400 oral tablet 400 mg	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***erythromycin ethylsuccinate***)	3	Preferred alternatives (erythromycin ethylsuccinate)
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***erythromycin ethylsuccinate***)	3	Preferred alternatives (erythromycin ethylsuccinate)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (***erythromycin ethylsuccinate***)	3	Preferred alternatives (erythromycin ethylsuccinate)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (***erythromycin base***)	3	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	1	QL (20 per 30 days)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (***azithromycin***)	3	Preferred alternatives (azithromycin)
ZITHROMAX ORAL TABLET 250 MG, 500 MG (***azithromycin***)	3	Preferred alternatives (azithromycin)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (***azithromycin***)	3	Preferred alternatives (azithromycin)
ZITHROMAX Z-PAK ORAL TABLET 250 MG (***azithromycin***)	3	Preferred alternatives (azithromycin)
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	QL (120 per 23 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	2	QL (180 per 23 days)
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	3	Preferred alternatives (atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic); QL (32 per 180 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	4	PA
atovaquone oral suspension 750 mg/5 ml	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)
bacitracin intramuscular recon soln 50,000 unit	1	PA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG (***benznidazole***)	2	QL (720 per 365 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (***tobramycin***)	4	PA; Preferred alternatives (tobramycin sulfate); LA; QL (224 per 30 days)
BILTRICIDE ORAL TABLET 600 MG (***praziquantel***)	3	Preferred alternatives (praziquantel)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	4	PA; LA; QL (84 per 30 days)
chloroquine phosphate oral tablet 250 mg	1	
chloroquine phosphate oral tablet 500 mg	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (***clindamycin hcl***)	3	Preferred alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (***clindamycin palmitate hcl***)	3	Preferred alternatives (clindamycin palmitate hcl)
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	2	QL (24 per 23 days)
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
DARAPRIM ORAL TABLET 25 MG (***pyrimethamine***)	4	PA; Preferred alternatives (pyrimethamine)
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	2	QL (6 per 23 days)
ethambutol oral tablet 100 mg, 400 mg	1	
HUMATIN ORAL CAPSULE 250 MG (***paromomycin sulfate***)	4	PA; LA
hydroxychloroquine oral tablet 100 mg, 400 mg	1	
hydroxychloroquine oral tablet 200 mg, 300 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	2	QL (84 per 23 days)
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	1	QL (14 per 23 days)
ivermectin oral tablet 6 mg	1	QL (8 per 23 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (***tobramycin/nebulizer***)	4	PA; LA
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	3	Preferred alternatives (primaquine generic); QL (2 per 23 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
MALARONE ORAL TABLET 250-100 MG (***atovaquone/proguanil hcl***)	3	Preferred alternatives (atovaquone-proguanil hcl); QL (60 per 180 days)
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (***atovaquone/proguanil hcl***)	3	Preferred alternatives (atovaquone-proguanil hcl); QL (180 per 180 days)
mefloquine oral tablet 250 mg	1	QL (13 per 180 days)
MEPRON ORAL SUSPENSION 750 MG/5 ML (***atovaquone***)	3	Preferred alternatives (atovaquone)
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG (***pentamidine isethionate***)	3	Preferred alternatives (pentamidine isethionate); QL (1 per 21 days)
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	QL (12 per 23 days)
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	3	
pentamidine inhalation recon soln 300 mg	1	QL (1 per 21 days)
praziquantel oral tablet 600 mg	1	
PRETOMANID ORAL TABLET 200 MG (***pretomanid***)	3	
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	2	
primaquine oral tablet 26.3 mg (15 mg base)	1	QL (120 per 180 days)
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	1	PA
quinine sulfate oral capsule 324 mg	1	QL (42 per 23 days)
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	2	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	2	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM (***streptomycin sulfate***)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
STROMECTOL ORAL TABLET 3 MG (***ivermectin***)	3	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 INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	4	PA; LA; QL (224 per 30 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA; LA; QL (280 per 30 days)
tobramycin inhalation solution for nebulization 300 mg/4 ml	4	PA; LA; QL (224 per 30 days)
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; Preferred alternatives (tobramycin sulfate, TOBI PODHALER); LA
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	3	Preferred alternatives (azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir)
XIFAXAN ORAL TABLET 200 MG, 550 MG (***rifaximin***)	2	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***linezolid***)	3	Preferred alternatives (linezolid)
ZYVOX ORAL TABLET 600 MG (***linezolid***)	3	Preferred alternatives (linezolid)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (***amoxicillin/potassium clavulanate***)	3	Preferred alternatives (amoxicillin-clavulanate potass)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (***amoxicillin/potassium clavulanate***)	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (***amoxicillin/potassium clavulanate***)	3	Preferred alternatives (amoxicillin-clavulanate pot er)
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (***penicillin g benzathine/penicillin g procaine***)	2	PA
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (***penicillin g benzathine***)	2	PA
dicloxacillin oral capsule 250 mg, 500 mg	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT (***penicillin g benzathine***)	3	PA
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT (***penicillin g benzathine***)	3	PA
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	3	Preferred alternatives (amoxicillin)
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	2	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	3	Preferred alternatives (ciprofloxacin)
CIPRO ORAL TABLET 250 MG, 500 MG (***ciprofloxacin hcl***)	3	Preferred alternatives (ciprofloxacin hcl)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG (***sulfamethoxazole/trimethoprim***)	3	Preferred alternatives (sulfamethoxazole-trimethoprim)
BACTRIM ORAL TABLET 400-80 MG (***sulfamethoxazole/trimethoprim***)	3	Preferred alternatives (sulfamethoxazole-trimethoprim)
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (***doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide***)	3	ST; Preferred alternatives (doxycycline monohydrate)
avidoxy oral tablet 100 mg	1	
demeclocycline oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	1	ST
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 50 mg, 75 mg	1	ST
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	ST
mondoxyne nl oral capsule 100 mg	1	
MORGIDOX 1X 50 KIT 50 MG (***doxycycline hyclate/skin cleanser combination no.19***)	3	ST; Preferred alternatives (doxycycline hyclate)

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Prescription Drug Name	Drug Tier	Requirements and Limits
MORGIDOX 1X100 KIT 100 MG (***doxycycline hyclate/skin cleanser combination no.19***)	3	ST; Preferred alternatives (doxycycline hyclate)
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	3	Preferred alternatives (doxycycline hyclate, tetracycline hcl); QL (30 per 30 days)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (***sarecycline hcl***)	3	ST; Preferred alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
tetracycline oral tablet 250 mg, 500 mg	1	ST
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (***nitrofurantoin***)	3	Preferred alternatives (nitrofurantoin)
MACROBID ORAL CAPSULE 100 MG (***nitrofurantoin monohydrate/macrocrystals***)	3	Preferred alternatives (nitrofurantoin mono-macro)
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	3	Preferred alternatives (trimethoprim)
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG (***vancomycin hcl***)	3	Preferred alternatives (vancomycin hcl); QL (40 per 30 days)
VANCOCIN ORAL CAPSULE 250 MG (***vancomycin hcl***)	3	Preferred alternatives (vancomycin hcl); QL (80 per 30 days)
vancomycin oral capsule 125 mg	1	QL (40 per 30 days)
vancomycin oral capsule 250 mg	1	QL (80 per 30 days)
vancomycin oral recon soln 25 mg/ml	1	QL (300 per 30 days)
vancomycin oral recon soln 50 mg/ml	1	QL (450 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		

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Prescription Drug Name	Drug Tier	Requirements and Limits
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg	1	
leucovorin calcium oral tablet 25 mg, 5 mg	1	
MESNEX ORAL TABLET 400 MG (***mesna***)	2	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-bmwo***)	4	PA; Preferred alternatives (XGEVA)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine triacetate***)	4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	4	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg, 500 mg	4	PA; LA
abirtega oral tablet 250 mg	1	PA; LA
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	4	PA; LA
ALKERAN ORAL TABLET 2 MG (***melphalan***)	3	Preferred alternatives (melphalan hcl)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	4	PA
anastrozole oral tablet 1 mg	1	ACA
AROMASIN ORAL TABLET 25 MG (***exemestane***)	3	Preferred alternatives (exemestane)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	4	Preferred alternatives (tacrolimus)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***)	4	PA; Preferred alternatives (ROZLYTREK, VITRAKVI)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (***avutometinib potassium/defactinib hydrochloride***)	4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	4	PA
AZASAN ORAL TABLET 100 MG, 75 MG (***azathioprine***)	4	Preferred alternatives (azathioprine)
azathioprine oral tablet 100 mg, 50 mg, 75 mg	4	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	4	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	1	PA
bexarotene oral capsule 75 mg	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
bexarotene topical gel 1 %	1	
bicalutamide oral tablet 50 mg	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***)	4	PA; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	4	PA; LA
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	4	PA; LA
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	4	PA; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	4	PA
capecitabine oral tablet 150 mg, 500 mg	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	2	PA
CASODEX ORAL TABLET 50 MG (***bicalutamide***)	3	Preferred alternatives (bicalutamide)
CELLCEPT ORAL CAPSULE 250 MG (***mycophenolate mofetil***)	4	Preferred alternatives (mycophenolate mofetil)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (***mycophenolate mofetil***)	4	Preferred alternatives (mycophenolate mofetil)
CELLCEPT ORAL TABLET 500 MG (***mycophenolate mofetil***)	4	Preferred alternatives (mycophenolate mofetil)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (***cabozantinib s-malate***)	4	PA; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	4	PA; Preferred alternatives (BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA)
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	4	PA; LA
cyclophosphamide oral capsule 25 mg, 50 mg	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	Preferred alternatives (cyclophosphamide)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	
cyclosporine modified oral solution 100 mg/ml	4	
cyclosporine oral capsule 100 mg, 25 mg	4	
DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***)	4	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (***daratumumab-hyaluronidase-fihj***)	3	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	4	PA; LA
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	4	PA; Preferred alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA); LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	4	PA; LA
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML (***elranatamab-bcmm***)	4	PA; Preferred alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***)	4	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (***ensartinib hydrochloride***)	4	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	4	PA; LA
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	4	PA; LA
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; LA
etoposide oral capsule 50 mg	1	
EULEXIN ORAL CAPSULE 125 MG (***flutamide***)	3	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	4	PA
exemestane oral tablet 25 mg	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
FARESTON ORAL TABLET 60 MG (***toremifene citrate***)	3	Preferred alternatives (toremifene citrate)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (***fulvestrant***)	4	PA; Preferred alternatives (fulvestrant)
FEMARA ORAL TABLET 2.5 MG (***letrozole***)	3	Preferred alternatives (letrozole)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	4	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG (***degarelix acetate***)	4	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***)	4	PA
fulvestrant intramuscular syringe 250 mg/5 ml	4	PA
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	4	PA
gefitinib oral tablet 250 mg	4	PA; LA
gengraf oral capsule 100 mg, 25 mg	4	
gengraf oral solution 100 mg/ml	4	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	4	LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	3	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***)	4	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***)	4	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	4	PA
HYDREA ORAL CAPSULE 500 MG (***hydroxyurea***)	3	Preferred alternatives (hydroxyurea)
hydroxyurea oral capsule 500 mg	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	4	PA; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	4	PA; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	4	PA
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	4	PA; LA
imatinib oral tablet 100 mg, 400 mg	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	4	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	4	
IMBRUVICA ORAL TABLET 140 MG, 280 MG (***ibrutinib***)	4	PA
IMBRUVICA ORAL TABLET 420 MG (***ibrutinib***)	4	
IMKELDI ORAL SOLUTION 80 MG/ML (***imatinib mesylate***)	4	
IMURAN ORAL TABLET 50 MG (***azathioprine***)	4	Preferred alternatives (azathioprine)
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	4	PA; LA
IRESSA ORAL TABLET 250 MG (***gefitinib***)	4	PA; Preferred alternatives (gefitinib); LA
IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***)	4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	4	PA; LA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (***mitomycin***)	4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (***ribociclib succinate***)	4	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	4	PA; Preferred alternatives (GOMEKLI)
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA
lapatinib oral tablet 250 mg	4	PA; LA
LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***)	4	PA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***)	4	PA; LA
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	2	
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	4	PA; LA
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (***leuprolide acetate***)	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	4	PA; LA
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***leuprolide acetate***)	4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	4	PA; LA
LYSODREN ORAL TABLET 500 MG (***mitotane***)	4	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***)	4	PA
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	4	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	4	PA; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	4	PA; LA
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	4	PA; LA
mercaptopurine oral suspension 20 mg/ml	4	PA
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	4	
methotrexate sodium (pf) injection solution 25 mg/ml	4	
methotrexate sodium injection solution 25 mg/ml	4	
methotrexate sodium oral tablet 2.5 mg	1	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	4	PA; Preferred alternatives (SOMATULINE DEPOT)
mycophenolate mofetil oral capsule 250 mg	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	4	
mycophenolate mofetil oral tablet 500 mg	4	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (***mycophenolate sodium***)	4	Preferred alternatives (mycophenolic acid)
MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***)	4	PA
MYLERAN ORAL TABLET 2 MG (***busulfan***)	2	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (***nemolizumab-ilto***)	4	PA; LA
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	4	Preferred alternatives (cyclosporine)
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	4	Preferred alternatives (cyclosporine)
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	4	PA; LA
NEXAVAR ORAL TABLET 200 MG (***sorafenib tosylate***)	4	PA; Preferred alternatives (sorafenib); LA
NILANDRON ORAL TABLET 150 MG (***nilutamide***)	3	Preferred alternatives (nilutamide)
nilotinib hcl oral capsule 50 mg	4	PA
nilutamide oral tablet 150 mg	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	4	PA; LA
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	4	PA; LA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	PA; LA
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	4	PA; LA
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	4	PA; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (***nirogacestat hydrobromide***)	4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (***tovorafenib***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (***tovorafenib***)	4	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***nivolumab-hyaluronidase-nvhy***)	4	PA
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	4	PA; Preferred alternatives (ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT)
ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***)	4	PA
pazopanib oral tablet 200 mg	4	PA; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	4	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***)	4	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	4	PA; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	4	Preferred alternatives (TACROLIMUS)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	4	
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***)	4	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	4	PA; LA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (***revumenib citrate***)	4	PA
REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***)	4	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***)	4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	4	PA; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***)	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	4	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	4	Preferred alternatives (cyclosporine)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (***octreotide acetate***)	4	PA; Preferred alternatives (octreotide acetate); LA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***)	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	4	PA
sirolimus oral solution 1 mg/ml	4	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	3	Preferred alternatives (tamoxifen citrate); ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***)	4	PA; LA
sorafenib oral tablet 200 mg	4	PA; LA
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	4	PA; LA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (***sunitinib malate***)	4	PA; Preferred alternatives (sunitinib malate); LA
TABLOID ORAL TABLET 40 MG (***thioguanine***)	3	
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	4	PA; LA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	4	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***)	4	LA
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	4	PA; LA
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML (***talquetamab-tgvs***)	4	PA; Preferred alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
TALVEY SUBCUTANEOUS SOLUTION 40 MG/ML (***talquetamab-tgvs***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	4	PA; LA
tamoxifen oral tablet 10 mg, 20 mg	1	ACA
TARGRETIN TOPICAL GEL 1 % (***bexarotene***)	3	Preferred alternatives (bexarotene)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	4	PA; Preferred alternatives (nilotinib hcl)
TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***)	4	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (***atezolizumab-hyaluronidase-tqjs***)	4	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (***teclistamab-cqyv***)	4	PA; Preferred alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	2	PA; LA
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	4	PA
toremifene oral tablet 60 mg	1	
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA
tretinoin (antineoplastic) oral capsule 10 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	3	Preferred alternatives (methotrexate)
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***)	4	PA
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	4	PA
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***)	4	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	4	PA; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	4	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	4	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	4	PA; LA
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	4	PA
VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***)	4	PA
VOTRIENT ORAL TABLET 200 MG (***pazopanib hcl***)	4	PA; Preferred alternatives (pazopanib hcl); LA
WELIREG ORAL TABLET 40 MG (***belzutifan***)	4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	4	PA; LA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***)	4	LA
XELODA ORAL TABLET 150 MG, 500 MG (***capecitabine***)	4	PA; Preferred alternatives (capecitabine)
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	4	PA
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	4	PA
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	4	PA; LA
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	4	PA; LA
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	4	PA
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	4	PA; LA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	4	PA; LA
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (***everolimus***)	4	Preferred alternatives (everolimus)
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	4	PA; LA
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	4	
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		

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Prescription Drug Name	Drug Tier	Requirements and Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (***eslicarbazepine acetate***)	3	Preferred alternatives (carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA)
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	3	PA; Preferred alternatives (levetiracetam)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	3	PA; Preferred alternatives (levetiracetam)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG (***carbamazepine***)	3	Preferred alternatives (carbamazepine)
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	3	Preferred alternatives (carbamazepine er)
CELONTIN ORAL CAPSULE 300 MG (***methsuximide***)	3	Preferred alternatives (methsuximide)
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	3	Preferred alternatives (divalproex sodium er)
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	3	Preferred alternatives (divalproex sodium)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	3	Preferred alternatives (divalproex sodium)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	4	PA
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG (***phenytoin sodium extended***)	3	Preferred alternatives (phenytoin sodium)

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Prescription Drug Name	Drug Tier	Requirements and Limits
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (***phenytoin***)	3	Preferred alternatives (phenytoin)
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	3	Preferred alternatives (phenytoin)
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG (***levetiracetam***)	3	PA; Preferred alternatives (levetiracetam)
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	4	PA; LA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	3	Preferred alternatives (carbamazepine, carbamazepine er)
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (***felbamate***)	3	Preferred alternatives (felbamate)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***perampanel***)	2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr 300 mg, 600 mg	1	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (***gabapentin***)	3	Preferred alternatives (gabapentin er)
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	3	Preferred alternatives (lamotrigine)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	3	Preferred alternatives (lamotrigine)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	3	Preferred alternatives (lamotrigine)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA
methsuximide oral capsule 300 mg	1	
MYSOLINE ORAL TABLET 250 MG, 50 MG (***primidone***)	3	Preferred alternatives (primidone)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	2	QL (2 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG (***oxcarbazepine***)	3	Preferred alternatives (oxcarbazepine er)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (***phenytoin sodium extended***)	3	Preferred alternatives (phenytoin sodium)
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (***levetiracetam***)	3	PA; Preferred alternatives (levetiracetam, levetiracetam)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) - 100 mg (14)	1	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) - 100 mg (7)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (***clobazam***)	3	Preferred alternatives (clobazam)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	3	Preferred alternatives (carbamazepine)
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	3	Preferred alternatives (carbamazepine)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	3	Preferred alternatives (carbamazepine er)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral capsule, sprinkle 50 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	Preferred alternatives (topiramate, topiramate er)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	2	PA; QL (2 per 30 days)
vigabatrin oral powder in packet 500 mg	4	PA; LA; QL (150 per 30 days)
vigabatrin oral tablet 500 mg	4	PA; LA; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	4	PA; QL (150 per 30 days)
vigadrone oral tablet 500 mg	4	PA; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	3	Preferred alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide); QL (56 per 30 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (***cenobamate***)	3	Preferred alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide); QL (30 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	3	Preferred alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide); QL (28 per 30 days)
ZARONTIN ORAL CAPSULE 250 MG (***ethosuximide***)	3	Preferred alternatives (ethosuximide)
ZARONTIN ORAL SOLUTION 250 MG/5 ML (***ethosuximide***)	3	Preferred alternatives (ethosuximide)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***)	4	PA
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; QL (30 per 23 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG (***rasagiline mesylate***)	3	Preferred alternatives (rasagiline mesylate)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (***carbidopa/levodopa***)	3	Preferred alternatives (carbidopa-levodopa er)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	4	PA; Preferred alternatives (carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa); LA
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	4	PA; QL (300 per 30 days)
LODOSYN ORAL TABLET 25 MG (***carbidopa***)	3	Preferred alternatives (carbidopa)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***)	3	Preferred alternatives (pramipexole di-hcl, pramipexole er, ropinirole hcl)
NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***)	4	PA; Preferred alternatives (cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl); LA; QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	3	Preferred alternatives (entacapone); QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***)	3	Preferred alternatives (carbidopa/levodopa, carbidopa-levodopa er)
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (***carbidopa/levodopa***)	3	Preferred alternatives (carbidopa/levodopa)
TASMAR ORAL TABLET 100 MG (***tolcapone***)	3	Preferred alternatives (tolcapone)
tolcapone oral tablet 100 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	2	PA; QL (1 per 23 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	2	PA; QL (1.5 per 23 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	2	PA; QL (1 per 23 days)
almotriptan malate oral tablet 12.5 mg	1	QL (12 per 30 days)
almotriptan malate oral tablet 6.25 mg	1	QL (6 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	QL (8 per 30 days)
eletriptan oral tablet 20 mg, 40 mg	1	QL (6 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	2	PA; QL (3 per 23 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	3	Preferred alternatives (ergotamine-caffeine)
ergotamine-caffeine oral tablet 1-100 mg	1	
FROVA ORAL TABLET 2.5 MG (***frovatriptan succinate***)	3	Preferred alternatives (frovatriptan succinate); QL (9 per 30 days)
frovatriptan oral tablet 2.5 mg	1	QL (9 per 30 days)
migergot rectal suppository 2-100 mg	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***)	3	Preferred alternatives (dihydroergotamine mesylate); QL (8 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	2	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	2	PA; QL (30 per 23 days)
REYVOW ORAL TABLET 100 MG (***lasmiditan succinate***)	3	PA; Preferred alternatives (eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY)
REYVOW ORAL TABLET 50 MG (***lasmiditan succinate***)	3	PA; Preferred alternatives (eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY); QL (8 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	PA; QL (6 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	PA; QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (1 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (1 per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***sumatriptan***)	3	PA; Preferred alternatives (sumatriptan, zolmitriptan, ZOMIG)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	2	PA; QL (10 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (***sumatriptan succinate***)	3	Preferred alternatives (sumatriptan succinate)
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	Preferred alternatives (sumatriptan, zolmitriptan, ZOMIG); QL (6 per 30 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	QL (6 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (6 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG (***zolmitriptan***)	2	QL (6 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG (***zolmitriptan***)	3	Preferred alternatives (zolmitriptan); QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (***donepezil hcl***)	3	Preferred alternatives (donepezil hcl)
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***)	4	PA; LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (***donepezil hcl***)	3	Preferred alternatives (donepezil hcl)
AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***)	4	PA; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***)	4	PA; LA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***)	4	LA; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***)	4	LA; QL (28 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	4	PA; LA
dichlorphenamide oral tablet 50 mg	4	PA; LA
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***)	4	PA; Preferred alternatives (SPINRAZA); LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
EVRYSDI ORAL TABLET 5 MG (***risdiplam***)	4	PA; Preferred alternatives (SPINRAZA); LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (***rivastigmine***)	3	Preferred alternatives (rivastigmine)
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	4	PA
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (***gabapentin enacarbil***)	3	Preferred alternatives (gabapentin, gabapentin er, pregabalin, pregabalin er)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	4	PA; Preferred alternatives (AUSTEDO, AUSTEDO XR); QL (28 per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	4	PA; Preferred alternatives (AUSTEDO, AUSTEDO XR); QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	4	PA; Preferred alternatives (AUSTEDO, AUSTEDO XR); QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	Preferred alternatives (memantine hcl)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	1	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (***memantine hcl***)	3	Preferred alternatives (memantine hcl)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	3	Preferred alternatives (memantine hcl er)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (***memantine hcl/donepezil hcl***)	2	
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	4	PA
ormalvi oral tablet 50 mg	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	4	PA; LA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	4	PA
tetrabenazine oral tablet 12.5 mg	4	PA; LA; QL (120 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; LA; QL (60 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	4	PA; LA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	4	PA; LA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	4	PA; LA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	1	
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1	
baclofen oral tablet 10 mg, 20 mg	1	
baclofen oral tablet 15 mg, 5 mg	1	
carisoprodol oral tablet 250 mg, 350 mg	1	Preferred alternatives (metaxalone, tizanidine hcl)
carisoprodol-aspirin oral tablet 200-325 mg	1	Preferred alternatives (metaxalone, tizanidine hcl)
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	ST; Preferred alternatives (metaxalone, tizanidine hcl); QL (99 per 99 days)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	1	PA
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	1	PA
DANTRIUM ORAL CAPSULE 25 MG (***dantrolene sodium***)	3	Preferred alternatives (dantrolene sodium)

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Prescription Drug Name	Drug Tier	Requirements and Limits
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
FEXMID ORAL TABLET 7.5 MG (***cyclobenzaprine hcl***)	3	PA; Preferred alternatives (cyclobenzaprine hcl)
LORZONE ORAL TABLET 375 MG, 750 MG (***chlorzoxazone***)	3	PA; Preferred alternatives (chlorzoxazone)
meprobamate oral tablet 200 mg, 400 mg	1	Preferred alternatives (alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam)
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG (***orphenadrine citrate/aspirin/caffeine***)	3	PA; Preferred alternatives (orphenadrine-aspirin-caffeine)
NORGESIC ORAL TABLET 25-385-30 MG (***orphenadrine citrate/aspirin/caffeine***)	3	PA
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	PA
orphengesic forte oral tablet 50-770-60 mg	1	PA
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG (***pyridostigmine bromide***)	3	Preferred alternatives (pyridostigmine bromide)
pyridostigmine bromide oral tablet 60 mg	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG (***pyridostigmine bromide***)	3	
pyridostigmine bromide oral tablet extended release 180 mg	1	
SOMA ORAL TABLET 250 MG, 350 MG (***carisoprodol***)	3	Preferred alternatives (metaxalone, tizanidine hcl)
tanlor oral tablet 1,000 mg	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	PA
tizanidine oral tablet 2 mg, 4 mg	1	
vanadom oral tablet 350 mg	1	Preferred alternatives (metaxalone, tizanidine hcl)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	4	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (***tizanidine hcl***)	3	Preferred alternatives (tizanidine hcl)
ZANAFLEX ORAL TABLET 4 MG (***tizanidine hcl***)	3	Preferred alternatives (tizanidine hcl)
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	ST; QL (99 per 99 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	ST; QL (99 per 99 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	ST; QL (99 per 99 days)
ascomp with codeine oral capsule 30-50-325-40 mg	1	ST; QL (99 per 99 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***)	2	PA
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (***buprenorphine***)	4	PA; LA
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	ST; QL (99 per 99 days)
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	ST; QL (99 per 99 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	ST; QL (99 per 99 days)
DILAUDID ORAL LIQUID 1 MG/ML (***hydromorphone hcl***)	3	ST; Preferred alternatives (hydromorphone hcl); QL (99 per 99 days)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (***hydromorphone hcl***)	3	ST; Preferred alternatives (hydromorphone hcl); QL (99 per 99 days)
diskets oral tablet,soluble 40 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (***sufentanil citrate***)	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	ST; QL (99 per 99 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	1	
FIORICET ORAL CAPSULE 50-300-40 MG (***butalbital/acetaminophen/caffeine***)	3	Preferred alternatives (butalbital/apap/caffeine)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (***butalbital/acetaminophen/caffeine/codeine phosphate***)	3	ST; Preferred alternatives (butalbital/caff/apap/codeine); QL (99 per 99 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	QL (90 per 23 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml	1	ST; QL (99 per 99 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	ST; QL (99 per 99 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	ST; QL (99 per 99 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	ST; QL (99 per 99 days)
hydromorphone oral liquid 1 mg/ml	1	ST; QL (99 per 99 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	ST; QL (99 per 99 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	QL (60 per 23 days)
hydromorphone rectal suppository 3 mg	1	ST; QL (99 per 99 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***hydrocodone bitartrate***)	2	
meperidine oral solution 50 mg/5 ml	1	ST; Preferred alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl); QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
meperidine oral tablet 50 mg	1	ST; Preferred alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl); QL (99 per 99 days)
methadone oral concentrate 10 mg/ml	1	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methadone oral tablet 10 mg, 5 mg	1	
methadone oral tablet,soluble 40 mg	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet,soluble 40 mg	1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	ST; QL (99 per 99 days)
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML (***morphine sulfate***)	3	ST; QL (99 per 99 days)
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	QL (60 per 23 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL (90 per 23 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	ST; QL (99 per 99 days)
morphine oral tablet 15 mg, 30 mg	1	ST; QL (99 per 99 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	QL (120 per 23 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	ST; QL (99 per 99 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (***morphine sulfate***)	3	Preferred alternatives (morphine sulfate er); QL (120 per 23 days)
NALOCET ORAL TABLET 2.5-300 MG (***oxycodone hcl/acetaminophen***)	3	PA; ST; Preferred alternatives (oxycodone w/acetaminophen); QL (99 per 99 days)
oxycodone oral capsule 5 mg	1	ST; QL (99 per 99 days)
oxycodone oral concentrate 20 mg/ml	1	ST; QL (99 per 99 days)
oxycodone oral solution 5 mg/5 ml	1	ST; QL (99 per 99 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	ST; QL (99 per 99 days)
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	PA; ST; QL (99 per 99 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	1	PA; ST; QL (99 per 99 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	ST; QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***oxycodone hcl***)	2	QL (90 per 23 days)
oxymorphone oral tablet 10 mg, 5 mg	1	ST; QL (99 per 99 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	QL (90 per 23 days)
prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	PA; ST; QL (99 per 99 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG (***oxycodone hcl***)	3	ST; Preferred alternatives (oxycodone hcl); QL (99 per 99 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	4	PA; LA
tencon oral tablet 50-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (***acetaminophen/caffeine/dihydrocodeine bitartrate***)	3	ST; Preferred alternatives (apap-caffeine-dihydrocodeine); QL (99 per 99 days)
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG (***naproxen sodium***)	3	ST; Preferred alternatives (naproxen sodium)
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (***diclofenac sodium/misoprostol***)	3	ST; Preferred alternatives (diclofenac sodium-misoprostol)
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (***diclofenac sodium/misoprostol***)	3	ST; Preferred alternatives (diclofenac sodium-misoprostol)
aspirin childrens oral tablet,chewable 81 mg	1	ACA; OTC
aspirin oral tablet 81 mg	1	ACA; OTC
aspirin oral tablet,chewable 81 mg	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
butorphanol injection solution 1 mg/ml, 2 mg/ml	1	ST; QL (99 per 99 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	1	ST; QL (5 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
diclofenac potassium oral capsule 25 mg	1	ST
diclofenac potassium oral powder in packet 50 mg	1	ST; QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL (150 per 21 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	ST; QL (112 per 21 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG (***salsalate***)	3	Preferred alternatives (salsalate)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	3	ST; Preferred alternatives (naproxen)
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
fenoprofen oral capsule 400 mg	1	ST
fenoprofen oral tablet 600 mg	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (***diclofenac epolamine***)	2	ST; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
indomethacin oral suspension 25 mg/5 ml	1	ST
indomethacin rectal suppository 50 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
JOURNAVX ORAL TABLET 50 MG (***suzetrigine***)	3	Preferred alternatives (acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen)
ketoprofen oral capsule 25 mg	1	PA; ST
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
ketorolac intramuscular solution 60 mg/2 ml	1	PA
ketorolac intramuscular syringe 60 mg/2 ml	1	PA
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***)	2	ST
LODINE ORAL TABLET 400 MG (***etodolac***)	3	ST
lofena oral tablet 25 mg	1	ST
lofexidine oral tablet 0.18 mg	1	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	3	
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (30 per 30 days)
meloxicam submicronized oral capsule 10 mg, 5 mg	1	ST
nabumetone oral tablet 500 mg, 750 mg	1	
NALFON ORAL TABLET 600 MG (***fenoprofen calcium***)	3	ST; Preferred alternatives (fenoprofen calcium)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	3	
naltrexone oral tablet 50 mg	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG (***naproxen sodium***)	3	ST; Preferred alternatives (naproxen sodium er)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML (***naproxen***)	3	ST; Preferred alternatives (naproxen)

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Prescription Drug Name	Drug Tier	Requirements and Limits
NAPROSYN ORAL TABLET 500 MG (***naproxen***)	3	ST; Preferred alternatives (naproxen)
naproxen oral suspension 125 mg/5 ml	1	ST
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
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 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (***naloxone hcl***)	3	Preferred alternatives (naloxone hcl)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***)	3	Preferred alternatives (naloxone hcl, KLOXXADO, REXTOVY)
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	ST; Preferred alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl); QL (99 per 99 days)
piroxicam oral capsule 10 mg, 20 mg	1	
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (***naloxone hcl***)	2	
salsalate oral tablet 500 mg, 750 mg	1	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY (***ketorolac tromethamine***)	4	ST; Preferred alternatives (diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen); QL (5 per 30 days)
st joseph aspirin oral tablet,chewable 81 mg	1	ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
sulindac oral tablet 150 mg, 200 mg	1	
TOLECTIN 600 ORAL TABLET 600 MG (***tolmetin sodium***)	3	ST
tolmetin oral capsule 400 mg	1	ST
tolmetin oral tablet 600 mg	1	ST
tramadol oral tablet 100 mg	1	ST; QL (99 per 99 days)
tramadol oral tablet 50 mg	1	ST; QL (240 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	QL (30 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	ST; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***)	4	LA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML (***aripiprazole***)	2	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	2	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	2	PA
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	3	Preferred alternatives (dextroamphetamine-amphet er, lisdexamfetamine dimesylate)
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (***clomipramine hcl***)	3	Preferred alternatives (clomipramine hcl)
aripiprazole oral solution 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***)	2	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML (***aripiprazole lauroxil***)	2	PA
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***lorazepam***)	3	Preferred alternatives (lorazepam)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***)	3	ST; Preferred alternatives (bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA); QL (60 per 30 days)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	2	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	3	ST; Preferred alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG (***clozapine***)	3	Preferred alternatives (clozapine)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG (***methylphenidate***)	3	Preferred alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, AZSTARYS)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (***methylphenidate***)	3	Preferred alternatives (methylphenidate)
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	3	ST; Preferred alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESOXYN ORAL TABLET 5 MG (***methamphetamine hcl***)	3	Preferred alternatives (methamphetamine hcl)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG (***desvenlafaxine***)	3	ST; Preferred alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA); QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	ST; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG (***dextroamphetamine sulfate***)	3	Preferred alternatives (dextroamphetamine sulfate er)

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Prescription Drug Name	Drug Tier	Requirements and Limits
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	1	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (***selegiline***)	3	Preferred alternatives (phenelzine sulfate, tranylcypromine sulfate)
ergoloid oral tablet 1 mg	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML (***paliperidone palmitate***)	2	PA
escitalopram oxalate oral solution 5 mg/5 ml	1	ST
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL (30 per 30 days)
estazolam oral tablet 1 mg, 2 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	2	ST; QL (28 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	2	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg	1	QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1	ST; QL (4 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	ST; QL (30 per 30 days)
fluoxetine oral tablet 20 mg	1	ST
fluoxetine oral tablet 60 mg	1	ST
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	ST; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	QL (60 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) (***ziprasidone mesylate***)	3	PA; Preferred alternatives (ziprasidone hcl)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (***ziprasidone hcl***)	3	Preferred alternatives (ziprasidone hcl); QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
HALCION ORAL TABLET 0.25 MG (***triazolam***)	3	Preferred alternatives (triazolam)
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	PA
haloperidol lactate intramuscular syringe 5 mg/ml	1	PA
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	4	PA; LA
HETLIOZ ORAL CAPSULE 20 MG (***tasimelteon***)	4	PA; LA; QL (30 per 30 days)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (***dexmedetomidine hcl***)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (***paliperidone***)	3	Preferred alternatives (paliperidone er); QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (***paliperidone***)	3	Preferred alternatives (paliperidone er); QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML (***paliperidone palmitate***)	3	PA; Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML (***paliperidone palmitate***)	3	PA; Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	3	Preferred alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, AZSTARYS)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
lithium carbonate oral capsule 150 mg, 600 mg	1	
lithium carbonate oral capsule 300 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (***lithium carbonate***)	3	Preferred alternatives (lithium carbonate)
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (***sodium oxybate***)	4	PA; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***)	4	PA
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	3	Preferred alternatives (phenelzine sulfate, tranylcypromine sulfate)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***methylphenidate hcl***)	3	
methamphetamine oral tablet 5 mg	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (***methylphenidate hcl***)	3	Preferred alternatives (methylphenidate hcl)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
mirtazapine oral tablet 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam/ketamine hcl/ondansetron hcl***)	3	
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (***dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate***)	3	Preferred alternatives (dextroamphetamine-amphet er)
NARDIL ORAL TABLET 15 MG (***phenelzine sulfate***)	3	Preferred alternatives (phenelzine sulfate)
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	Preferred alternatives (bupropion hcl, mirtazapine, trazodone hcl)
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	4	PA; Preferred alternatives (clozapine, quetiapine fumarate); LA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	4	PA; Preferred alternatives (clozapine, quetiapine fumarate); LA; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	Preferred alternatives (lorazepam)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (***nortriptyline hcl***)	3	Preferred alternatives (nortriptyline hcl)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PARNATE ORAL TABLET 10 MG (***tranylcypromine sulfate***)	3	Preferred alternatives (tranylcypromine sulfate)
paroxetine hcl oral suspension 10 mg/5 ml	1	ST
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (30 per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	ST; QL (60 per 30 days)
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	1	ST; QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (***paroxetine hcl***)	3	ST; Preferred alternatives (paroxetine er); QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML (***paroxetine hcl***)	3	ST; Preferred alternatives (paroxetine hcl)
PAXIL ORAL TABLET 10 MG, 40 MG (***paroxetine hcl***)	3	ST; Preferred alternatives (paroxetine hcl); QL (30 per 30 days)
PAXIL ORAL TABLET 20 MG, 30 MG (***paroxetine hcl***)	3	ST; Preferred alternatives (paroxetine hcl); QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	3	PA; Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
procentra oral solution 5 mg/5 ml	1	
protriptyline oral tablet 10 mg, 5 mg	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	3	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 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	3	ST; Preferred alternatives (doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er)
ramelteon oral tablet 8 mg	1	QL (30 per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG (***mirtazapine***)	3	Preferred alternatives (mirtazapine)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (***mirtazapine***)	3	Preferred alternatives (mirtazapine)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (***temazepam***)	3	Preferred alternatives (lorazepam)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	3	Preferred alternatives (risperidone er)
RISPERDAL ORAL SOLUTION 1 MG/ML (***risperidone***)	3	Preferred alternatives (risperidone)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***risperidone***)	3	Preferred alternatives (risperidone); QL (60 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
sertraline oral capsule 150 mg, 200 mg	1	ST; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 per 30 days)
sertraline oral tablet 25 mg	1	QL (45 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG (***doxepin hcl***)	3	ST; Preferred alternatives (doxepin hcl); QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; Preferred alternatives (LUMRYZ, SODIUM OXYBATE, XYWAV); QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	2	QL (30 per 30 days)
tasimelteon oral capsule 20 mg	4	PA; LA; QL (30 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	Preferred alternatives (lorazepam)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	3	ST; Preferred alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML (***risperidone***)	2	PA
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	1	PA; ST; QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	3	Preferred alternatives (clozapine odt, clozapine)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (***bremelanotide acetate***)	4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	3	Preferred alternatives (lisdexamfetamine dimesylate)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	3	Preferred alternatives (lisdexamfetamine dimesylate)
WAKIX ORAL TABLET 17.8 MG (***pitolisant hcl***)	4	PA; Preferred alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI); LA; QL (60 per 30 days)
WAKIX ORAL TABLET 4.45 MG (***pitolisant hcl***)	4	PA; Preferred alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI); LA; QL (30 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	4	PA; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (***dextroamphetamine sulfate***)	3	Preferred alternatives (dextroamphetamine sulfate)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	PA
zolpidem oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL (30 per 30 days)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (***zuranolone***)	4	PA; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG (***zuranolone***)	4	PA; QL (14 per 365 days)
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (***olanzapine***)	3	Preferred alternatives (olanzapine); QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (***olanzapine pamoate***)	3	Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	2	PA; LA; QL (1 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	2	PA; LA; QL (1 per 21 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (***monomethyl fumarate***)	4	PA; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; LA; QL (14 per 23 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	4	PA
fingolimod oral capsule 0.5 mg	4	PA; LA
glatiramer subcutaneous syringe 20 mg/ml	4	PA; LA; QL (1 per 23 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; LA; QL (12 per 23 days)
glatopa subcutaneous syringe 20 mg/ml	4	PA; LA; QL (1 per 23 days)
glatopa subcutaneous syringe 40 mg/ml	4	PA; LA; QL (12 per 23 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA; LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	4	PA; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	4	PA; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	4	PA; LA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***)	4	PA; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	4	PA; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	4	PA; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	4	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	2	PA; LA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	4	PA; LA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	4	PA; LA; QL (5 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	2	PA; LA; QL (5 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
teriflunomide oral tablet 14 mg, 7 mg	4	PA; LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	4	PA; LA
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	Preferred alternatives (sotalol af)
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (***sotalol hcl***)	3	Preferred alternatives (sotalol)
disopyramide phosphate oral capsule 100 mg, 150 mg	1	Preferred alternatives (amiodarone hcl, quinidine sulfate, sotalol)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	2	
pacerone oral tablet 100 mg, 200 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (***quinapril hcl***)	3	Preferred alternatives (quinapril)
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***quinapril hcl/hydrochlorothiazide***)	3	Preferred alternatives (quinapril-hydrochlorothiazide)
acebutolol oral capsule 200 mg, 400 mg	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (***spironolactone***)	3	Preferred alternatives (spironolactone)
aliskiren oral tablet 150 mg, 300 mg	1	
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG (***ramipril***)	3	Preferred alternatives (ramipril)

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Prescription Drug Name	Drug Tier	Requirements and Limits
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl***)	3	Preferred alternatives (cartia xt, diltiazem 24hr er (cd))
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl***)	3	Preferred alternatives (matzim la)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	Preferred alternatives (diltiazem hcl)
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (***doxazosin mesylate***)	3	Preferred alternatives (doxazosin mesylate); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CARDURA ORAL TABLET 8 MG (***doxazosin mesylate***)	3	Preferred alternatives (doxazosin mesylate); QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***)	3	Preferred alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl); QL (30 per 30 days)
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (***clonidine***)	3	Preferred alternatives (clonidine hcl); QL (4 per 21 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (***clonidine***)	3	Preferred alternatives (clonidine hcl); QL (4 per 21 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (***clonidine***)	3	Preferred alternatives (clonidine hcl); QL (4 per 21 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL (4 per 21 days)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (***amlodipine besylate/celecoxib***)	3	PA; Preferred alternatives (amlodipine besylate, celecoxib)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	Preferred alternatives (carvedilol er)
DEMSER ORAL CAPSULE 250 MG (***metyrosine***)	3	Preferred alternatives (metyrosine)
DIBENZYLINE ORAL CAPSULE 10 MG (***phenoxybenzamine hcl***)	3	Preferred alternatives (phenoxybenzamine hcl)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	QL (60 per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (***triamterene***)	3	Preferred alternatives (triamterene)
EDECRIN ORAL TABLET 25 MG (***ethacrynic acid***)	3	Preferred alternatives (ethacrynic acid)
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
eprosartan oral tablet 600 mg	1	
ethacrynic acid oral tablet 25 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide oral solution 10 mg/ml	1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	PA
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg	1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	3	Preferred alternatives (eplerenone)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (***finerenone***)	2	PA
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (***furosemide***)	3	Preferred alternatives (furosemide)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol tartrate***)	3	Preferred alternatives (metoprolol tartrate)
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***benazepril hcl/hydrochlorothiazide***)	3	Preferred alternatives (benazepril hcl-hctz)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (***benazepril hcl***)	3	Preferred alternatives (benazepril hcl)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	1	
metyrosine oral capsule 250 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	Preferred alternatives (nicardipine hcl, isradipine)
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nimodipine oral solution 60 mg/20 ml	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	3	Preferred alternatives (nimodipine)
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	3	Preferred alternatives (nimodipine)
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	4	PA; Preferred alternatives (UPTRAVI); LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	4	PA; Preferred alternatives (UPTRAVI); LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	4	PA; Preferred alternatives (UPTRAVI); LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	4	PA; Preferred alternatives (UPTRAVI); LA
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arginine/amlodipine besylate***)	3	Preferred alternatives (amlodipine besylate-benazepril)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	Preferred alternatives (nifedipine er)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral suspension 25 mg/5 ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	Preferred alternatives (nisoldipine)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol/chlorthalidone***)	3	Preferred alternatives (atenolol w/chlorthalidone)
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol/chlorthalidone***)	3	Preferred alternatives (atenolol w/chlorthalidone)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (***atenolol***)	3	Preferred alternatives (atenolol)
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 per 30 days)
terazosin oral capsule 10 mg	1	QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl***)	3	Preferred alternatives (diltiazem er, taztia xt)

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Prescription Drug Name	Drug Tier	Requirements and Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) (***selexipag***)	4	PA; LA
valsartan oral solution 4 mg/ml	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (***enalapril maleate/hydrochlorothiazide***)	3	Preferred alternatives (enalapril maleate/hctz)
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***enalapril maleate***)	3	Preferred alternatives (enalapril maleate)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***lisinopril/hydrochlorothiazide***)	3	Preferred alternatives (lisinopril-hctz)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (***lisinopril***)	3	Preferred alternatives (lisinopril)
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (***digoxin***)	3	Preferred alternatives (digoxin)

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Prescription Drug Name	Drug Tier	Requirements and Limits
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	4	PA; LA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor (fviii) recombinant, full length, peg***)	4	PA; LA
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***antihemophilic factor viii recomb,single-chn,b-dom truncated***)	4	PA; LA
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (***concizumab-mtci***)	4	PA; LA
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***)	4	PA; LA
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	4	PA; LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (***aminocaproic acid***)	3	Preferred alternatives (aminocaproic acid)
AMICAR ORAL TABLET 1,000 MG, 500 MG (***aminocaproic acid***)	3	Preferred alternatives (aminocaproic acid)
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML (***fondaparinux sodium***)	4	Preferred alternatives (fondaparinux sodium)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	4	PA; LA
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	3	PA; Preferred alternatives (ticagrelor)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***)	4	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***)	4	PA; LA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***)	4	PA; LA
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	PA
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	4	PA; LA
EFFIENT ORAL TABLET 10 MG, 5 MG (***prasugrel hcl***)	3	Preferred alternatives (prasugrel hcl)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (***antihemophilic factor (fviii) recombinant, fc fusion protein***)	4	PA; LA
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	4	PA; LA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	4	PA; LA
enoxaparin subcutaneous solution 300 mg/3 ml	4	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***)	4	PA; LA
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	4	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (***emicizumab-kxwh***)	4	PA; LA
hep flush-10 (pf) intravenous solution 10 unit/ml	1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	1	PA
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) (***heparin sodium,porcine in 0.9 % sodium chloride***)	3	PA
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML) (***heparin sodium,porcine in 0.9 % sodium chloride/pf***)	3	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lock flush (porcine) intravenous solution 10 unit/ml	1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML (***heparin sodium,porcine in 0.45 % sodium chloride***)	3	PA
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
heparin, porcine (pf) intravenous syringe 1 unit/ml	1	
heparin, porcine (pf) intravenous syringe 100 unit/ml	1	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***marstacimab-hncq***)	4	PA; LA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***)	4	PA; LA
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***)	4	PA; LA
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	4	PA; LA
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	4	PA; LA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii recombinant, b-domain truncated***)	4	PA; LA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	4	PA; LA
pentoxifylline oral tablet extended release 400 mg	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	PA
phytonadione (vitamin k1) injection solution 10 mg/ml	1	PA
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	1	PA
phytonadione (vitamin k1) oral tablet 5 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	4	PA; Preferred alternatives (eltrombopag olamine); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	4	PA; Preferred alternatives (eltrombopag olamine); LA
rivaroxaban oral suspension for reconstitution 1 mg/ml	1	
rivaroxaban oral tablet 2.5 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***)	4	PA; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	4	PA
ticagrelor oral tablet 60 mg, 90 mg	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***)	4	PA; LA
vitamin k injection solution 1 mg/0.5 ml	1	PA
vitamin k1 injection solution 10 mg/ml	1	PA
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor (recombinant)***)	4	PA; LA
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	4	PA; LA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (***rivaroxaban***)	2	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	4	PA; LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	4	PA; LA
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	3	Preferred alternatives (clopidogrel, aspirin)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL (30 per 30 days)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine besylate/atorvastatin calcium***)	3	ST; Preferred alternatives (amlodipine-atorvastatin); QL (30 per 30 days)
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
COLESTID ORAL GRANULES 5 GRAM (***colestipol hcl***)	3	Preferred alternatives (colestipol hcl)
COLESTID ORAL TABLET 1 GRAM (***colestipol hcl***)	3	Preferred alternatives (colestipol hcl)
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 120 mg	1	PA
fenofibrate oral tablet 160 mg, 40 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FIBRICOR ORAL TABLET 105 MG (***fenofibric acid***)	3	Preferred alternatives (fenofibric acid)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	3	ST; Preferred alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
fluvastatin oral capsule 20 mg	1	ACA; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	ACA; QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
fluvastatin oral tablet extended release 24 hr 80 mg	1	ACA; QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (***fluvastatin sodium***)	3	ST; Preferred alternatives (fluvastatin er); QL (30 per 30 days)
LOPID ORAL TABLET 600 MG (***gemfibrozil***)	3	Preferred alternatives (gemfibrozil)
lovastatin oral tablet 10 mg	1	ACA; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	ACA; QL (60 per 30 days)
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	2	
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	2	
niacin oral tablet 500 mg	1	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
NIACOR ORAL TABLET 500 MG (***niacin***)	3	PA; Preferred alternatives (niacin er)
omega-3 acid ethyl esters oral capsule 1 gram	1	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	ACA; QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA; QL (30 per 30 days)
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM (***cholestyramine***)	3	
QUESTRAN ORAL POWDER 4 GRAM (***cholestyramine (with sugar)***)	3	Preferred alternatives (cholestyramine)
QUESTRAN ORAL POWDER IN PACKET 4 GRAM (***cholestyramine (with sugar)***)	3	Preferred alternatives (cholestyramine)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	2	PA; QL (1 per 21 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	2	PA; QL (2 per 21 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	2	PA; QL (2 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL (30 per 30 days)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (***ezetimibe/rosuvastatin calcium***)	3	ST; Preferred alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL (30 per 30 days)
simvastatin oral tablet 80 mg	1	QL (30 per 30 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***)	4	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (***icosapent ethyl***)	2	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (***pitavastatin magnesium***)	3	ST; Preferred alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***)	4	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***)	4	PA; LA; QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	3	Preferred alternatives (sacubitril-valsartan); QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***)	2	QL (240 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	4	PA
ivabradine oral tablet 5 mg, 7.5 mg	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	QL (60 per 30 days)
VANRAFIA ORAL TABLET 0.75 MG (***atrasentan hydrochloride***)	4	PA
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	3	Preferred alternatives (clonidine hcl, RESERPINE)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	2	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	4	PA; LA
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***)	4	PA; LA
NITRATES		

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Prescription Drug Name	Drug Tier	Requirements and Limits
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (***nitroglycerin***)	3	Preferred alternatives (nitroglycerin, nitroglycerin)
ISORDIL ORAL TABLET 40 MG (***isosorbide dinitrate***)	3	Preferred alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE ORAL TABLET 5 MG (***isosorbide dinitrate***)	3	Preferred alternatives (isosorbide dinitrate)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (***nitroglycerin***)	3	Preferred alternatives (nitroglycerin)
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY (***nitroglycerin***)	3	Preferred alternatives (nitroglycerin)
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	3	Preferred alternatives (nitroglycerin)
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (***nitroglycerin***)	3	Preferred alternatives (nitroglycerin)
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
calcipotriene scalp solution 0.005 %	1	QL (120 per 23 days)
calcipotriene topical cream 0.005 %	1	ST; QL (120 per 23 days)
calcipotriene topical ointment 0.005 %	1	QL (120 per 23 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	QL (60 per 23 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1	QL (60 per 23 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
calcitriol topical ointment 3 mcg/gram	1	
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	2	QL (60 per 23 days)
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine)
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	3	Preferred alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CLEANSER 10 % (***sulfacetamide sodium***)	3	Preferred alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***)	3	Preferred alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL LOTION 9.8 % (***sulfacetamide sodium***)	3	Preferred alternatives (sodium sulfacetamide)
OVACE TOPICAL CLEANSER 10 % (***sulfacetamide sodium***)	3	Preferred alternatives (sodium sulfacetamide)
PLEXION NS TOPICAL SHAMPOO 9.8 % (***sulfacetamide sodium***)	3	Preferred alternatives (sodium sulfacetamide)
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine)
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-aekn***)	4	PA; LA
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	4	PA; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***)	4	PA; LA
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	4	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (***spesolimab-sbzo***)	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	4	PA; LA
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***)	4	PA; LA
TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***)	3	Preferred alternatives (selenium sulfide)
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***)	4	PA; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***)	4	PA; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***)	4	PA; LA
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (***calcitriol***)	3	Preferred alternatives (calcitriol)
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	2	QL (60 per 21 days)
WYNZORA TOPICAL CREAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	3	Preferred alternatives (amcinonide, betamethasone dipropionate, betamethasone dp augmented, clobetasol propionate, calcipotriene, calcipotriene-betamethasone); QL (60 per 23 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	4	PA; LA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***)	4	PA; LA
ZORYVE TOPICAL CREAM 0.15 % (***roflumilast***)	2	QL (60 per 23 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	3	Preferred alternatives (betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA); QL (60 per 23 days)
ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***)	3	Preferred alternatives (betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate); QL (60 per 23 days)
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 % (***silver sulfadiazine***)	3	Preferred alternatives (silver sulfadiazine)
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***)	4	PA; LA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	4	PA; LA
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	3	
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 % (***cantharidin in acetone***)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	4	PA; LA
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	3	Preferred alternatives (hc pramoxine)
diclofenac sodium topical gel 3 %	1	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	4	PA; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	4	PA; LA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***)	4	PA; LA
EFUDEX TOPICAL CREAM 5 % (***fluorouracil***)	3	Preferred alternatives (fluorouracil)
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	2	QL (120 per 23 days)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HYFTOR TOPICAL GEL 0.2 % (***sirolimus***)	4	PA
imiquimod topical cream in metered-dose pump 3.75 %	1	
imiquimod topical cream in packet 3.75 %, 5 %	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	3	
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	3	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	
methyl salicylate oil	1	
methyl salicylate topical liquid	1	
NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***)	3	
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	3	Preferred alternatives (pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE); QL (240 per 21 days)
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	4	PA
pimecrolimus topical cream 1 %	1	QL (120 per 23 days)
podofilox topical solution 0.5 %	1	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	4	PA
tacrolimus topical ointment 0.03 %, 0.1 %	1	QL (120 per 23 days)
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	4	PA; LA
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML (***beremagene geperpavec-svdt***)	4	PA
wintergreen oil oil	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***)	4	PA; LA
ZEVASKYN TOPICAL SHEET 5.5 X 7.5 CM (***prademagene zamikeracel***)	4	
ZONALON TOPICAL CREAM 5 % (***doxepin hcl***)	3	Preferred alternatives (alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate); QL (90 per 23 days)
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (***isotretinoin***)	3	Preferred alternatives (accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane)
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ACZONE TOPICAL GEL 5 % (***dapsone***)	3	Preferred alternatives (dapsone)
ACZONE TOPICAL GEL WITH PUMP 7.5 % (***dapsone***)	3	Preferred alternatives (dapsone)
adapalene topical cream 0.1 %	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump 0.3 %	1	
ADAPALENE TOPICAL LOTION 0.1 %	3	Preferred alternatives (adapalene, adapalene)
adapalene topical solution 0.1 %	1	
adapalene topical swab 0.1 %	1	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	1	
AKLIEF TOPICAL CREAM 0.005 % (***trifarotene***)	3	PA; Preferred alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	3	PA; Preferred alternatives (tretinoin, tretinoin microsphere)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AMZEEQ TOPICAL FOAM 4 % (***minocycline hcl***)	3	Preferred alternatives (adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ARAZLO TOPICAL LOTION 0.045 % (***tazarotene***)	3	Preferred alternatives (tazarotene, tretinoin, tretinoin microsphere)
AVAR LS TOPICAL CLEANSER 10-2 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sulfacetamide sodium-sulfur)
avar topical cleanser 10-5 % (w/w)	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sulfacetamide sodium-sulfur)
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	3	Preferred alternatives (adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA)
BENZAMYCIN TOPICAL GEL 3-5 % (***erythromycin base/benzoyl peroxide***)	3	Preferred alternatives (erythromycin-benzoyl peroxide)
benzoyl peroxide topical foam 9.8 %	1	
bp 10-1 topical cleanser 10-1 %	1	
brimonidine topical gel with pump 0.33 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CLEOCIN T TOPICAL LOTION 1 % (***clindamycin phosphate***)	3	Preferred alternatives (clindamycin phosphate); QL (120 per 23 days)
CLINDACIN ETZ TOPICAL KIT 1 % (***clindamycin phosphate/skin cleanser comb no.19***)	3	Preferred alternatives (clindamycin phosphate, clindacin etz)
clindacin etz topical swab 1 %	1	
clindacin p topical swab 1 %	1	
CLINDACIN PAC TOPICAL KIT 1 % (***clindamycin phosphate/skin cleanser comb no.19***)	3	Preferred alternatives (clindamycin phosphate, clindacin etz)
clindamycin phosphate topical gel 1 %	1	QL (120 per 23 days)
clindamycin phosphate topical gel, once daily 1 %	1	QL (150 per 23 days)
clindamycin phosphate topical lotion 1 %	1	QL (120 per 23 days)
clindamycin phosphate topical solution 1 %	1	QL (120 per 23 days)
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	PA
dapsone topical gel 5 %	1	
dapsone topical gel with pump 7.5 %	1	
DIFFERIN TOPICAL CREAM 0.1 % (***adapalene***)	3	Preferred alternatives (adapalene)
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (***adapalene***)	3	Preferred alternatives (adapalene)
DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***)	3	Preferred alternatives (adapalene, tretinoin, tretinoin microsphere)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (***adapalene/benzoyl peroxide***)	3	Preferred alternatives (adapalene-benzoyl peroxide)
EPSOLAY TOPICAL CREAM 5 % (***benzoyl peroxide***)	3	Preferred alternatives (azelaic acid, ivermectin, metronidazole, rosula, FINACEA)
ery pads topical swab 2 %	1	
erygel topical gel 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	2	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
ivermectin topical cream 1 %	1	QL (45 per 23 days)
METROCREAM TOPICAL CREAM 0.75 % (***metronidazole***)	3	Preferred alternatives (metronidazole)
METROGEL TOPICAL GEL 1 % (***metronidazole***)	3	Preferred alternatives (metronidazole)
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	
metronidazole topical lotion 0.75 %	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (***brimonidine tartrate***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***)	3	
neuac topical gel 1.2 %(1 % base) -5 %	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) - 3.75 % (***clindamycin phosphate/benzoyl peroxide***)	3	Preferred alternatives (clindamycin-benzoyl peroxide)
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
PLEXION TOPICAL CLEANSER 9.8-4.8 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
PLEXION TOPICAL CREAM 9.8-4.8 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
PLEXION TOPICAL LOTION 9.8-4.8 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
refissa topical cream 0.05 %	1	
RENOVA TOPICAL CREAM 0.02 % (***tretinoin/emollient base***)	3	Preferred alternatives (tretinoin)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % (***tretinoin microspheres***)	3	PA; Preferred alternatives (tretinoin microsphere)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (***tretinoin***)	3	PA; Preferred alternatives (tretinoin)
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (***tretinoin***)	3	PA; Preferred alternatives (tretinoin)
RHOFADE TOPICAL CREAM 1 % (***oxymetazoline hcl***)	3	Preferred alternatives (brimonidine tartrate)
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (***metronidazole/skin cleanser combination no.23***)	3	Preferred alternatives (metronidazole)
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 % (***metronidazole/skin cleanser combination no.23***)	3	Preferred alternatives (metronidazole)
rosula cleansing cloths topical pads, medicated 10-5 %	1	
ROSULA TOPICAL CLEANSER 10-4.5 % (***sulfacetamide sodium/sulfur***)	3	
SOOLANTRA TOPICAL CREAM 1 % (***ivermectin***)	3	Preferred alternatives (ivermectin); QL (45 per 23 days)
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
SUMADAN TOPICAL CLEANSER 9-4.5 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sulfacetamide sodium-sulfur)
SUMADAN TOPICAL KIT 9-4.5 % (***sulfacetamide sodium/sulfur/skin cleanser comb no.23***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	3	
SUMAXIN CP TOPICAL KIT 10-4 % (***sulfacetamide sodium/sulfur/skin cleanser comb no.23***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
SUMAXIN TOPICAL CLEANSER 9-4 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 % (***sulfacetamide sodium/sulfur***)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
tazarotene topical cream 0.05 %, 0.1 %	1	
tazarotene topical gel 0.05 %, 0.1 %	1	
tretinoin (emollient) topical cream 0.05 %	1	
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA
TWYNEO TOPICAL CREAM 0.1-3 % (***tretinoin/benzoyl peroxide***)	3	Preferred alternatives (adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin)
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZIANA TOPICAL GEL 1.2-0.025 % (***clindamycin phosphate/tretinoin***)	3	PA; Preferred alternatives (clindamycin phos-tretinoin)

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Prescription Drug Name	Drug Tier	Requirements and Limits
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	3	
dermacinrx lidocan topical adhesive patch,medicated 5 %	1	
GOPRELTO NASAL SOLUTION 4 % (***cocaine hcl***)	3	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment 5 %	1	QL (50 per 23 days)
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL (30 per 23 days)
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
lidocan iii topical adhesive patch,medicated 5 %	1	
lidocan iv topical adhesive patch,medicated 5 %	1	
lidocan v topical adhesive patch,medicated 5 %	1	
lidocort topical cream 3-0.5 %	1	
NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***)	3	
XARACOLL IMPLANT IMPLANT 100 MG (***bupivacaine hcl***)	3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (***lidocaine***)	2	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***)	3	Preferred alternatives (mupirocin, mupirocin); QL (30 per 30 days)
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	3	Preferred alternatives (mupirocin, mupirocin); QL (1 per 30 days)
CENTANY TOPICAL OINTMENT 2 % (***mupirocin***)	3	Preferred alternatives (mupirocin, mupirocin); QL (30 per 30 days)
gentamicin topical cream 0.1 %	1	QL (60 per 30 days)
gentamicin topical ointment 0.1 %	1	QL (60 per 30 days)
KLARON TOPICAL SUSPENSION 10 % (***sulfacetamide sodium***)	3	Preferred alternatives (sulfacetamide sodium)
lugols topical solution 5-10 %	1	
mupirocin calcium topical cream 2 %	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
mupirocin topical ointment 2 %	1	QL (44 per 30 days)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***)	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***)	3	
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	2	
XEPI TOPICAL CREAM 1 % (***ozenoxacin***)	3	Preferred alternatives (mupirocin, mupirocin); QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***)	3	
CICLODAN KIT TOPICAL SOLUTION 8 % (***ciclopirox/urea/camphor/menthol/eucalyptol***)	3	Preferred alternatives (ciclopirox)
ciclodan topical cream 0.77 %	1	QL (90 per 21 days)
ciclodan topical solution 8 %	1	
ciclopirox topical cream 0.77 %	1	QL (90 per 21 days)
ciclopirox topical gel 0.77 %	1	QL (100 per 21 days)
ciclopirox topical shampoo 1 %	1	QL (120 per 21 days)
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	QL (60 per 21 days)
ciclopirox-ure-camph-menth-euc topical solution 8 %	1	
clotrimazole topical cream 1 %	1	QL (45 per 21 days)
clotrimazole topical solution 1 %	1	QL (60 per 21 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL (90 per 21 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	QL (60 per 21 days)
econazole nitrate topical cream 1 %	1	QL (85 per 21 days)
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	3	Preferred alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 21 days)

Prescription Drug Name	Drug Tier	Requirements and Limits
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	3	Preferred alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 21 days)
EXTINA TOPICAL FOAM 2 % (***ketoconazole***)	3	Preferred alternatives (ketoconazole); QL (100 per 21 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (***efinaconazole***)	3	Preferred alternatives (ciclopirox, tavaborole)
ketoconazole topical cream 2 %	1	QL (60 per 21 days)
ketoconazole topical foam 2 %	1	QL (100 per 21 days)
ketoconazole topical shampoo 2 %	1	QL (120 per 21 days)
ketodan kit topical combo pack 2 %	1	
ketodan topical foam 2 %	1	QL (100 per 21 days)
klayesta topical powder 100,000 unit/gram	1	QL (180 per 30 days)
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (***ciclopirox olamine***)	3	Preferred alternatives (ciclopirox); QL (90 per 21 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (***ciclopirox olamine***)	3	Preferred alternatives (ciclopirox); QL (60 per 21 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.40***)	3	Preferred alternatives (ciclopirox); QL (544 per 23 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (***ciclopirox olamine/skin cleanser combination no.40***)	3	Preferred alternatives (ciclopirox); QL (1 per 23 days)
naftifine topical cream 1 %	1	QL (90 per 21 days)
naftifine topical cream 2 %	1	QL (60 per 21 days)
naftifine topical gel 2 %	1	QL (60 per 21 days)
NAFTIN TOPICAL GEL 2 % (***naftifine hcl***)	3	Preferred alternatives (naftifine hcl); QL (60 per 21 days)
nyamyc topical powder 100,000 unit/gram	1	QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	1	QL (60 per 21 days)
nystatin topical ointment 100,000 unit/gram	1	QL (60 per 21 days)
nystatin topical powder 100,000 unit/gram	1	QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	QL (60 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	QL (60 per 21 days)
nystop topical powder 100,000 unit/gram	1	QL (180 per 30 days)
oxiconazole topical cream 1 %	1	QL (90 per 21 days)
tavaborole topical solution with applicator 5 %	1	
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	1	
acyclovir topical ointment 5 %	1	
DENAVIR TOPICAL CREAM 1 % (***penciclovir***)	3	Preferred alternatives (penciclovir)
penciclovir topical cream 1 %	1	
ZOVIRAX TOPICAL CREAM 5 % (***acyclovir***)	3	Preferred alternatives (acyclovir)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
ALA-SCALP TOPICAL LOTION 2 % (***hydrocortisone***)	3	Preferred alternatives (hydrocortisone)
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	
amcinonide topical ointment 0.1 %	1	
beser topical lotion 0.05 %	1	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
BRYHALI TOPICAL LOTION 0.01 % (***halobetasol propionate***)	3	Preferred alternatives (betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate)
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	3	Preferred alternatives (fluocinolone acetonide)
clobetasol scalp solution 0.05 %	1	QL (100 per 23 days)
clobetasol topical cream 0.05 %	1	QL (120 per 23 days)
clobetasol topical gel 0.05 %	1	QL (120 per 23 days)
clobetasol topical ointment 0.05 %	1	QL (120 per 23 days)
clobetasol topical shampoo 0.05 %	1	QL (236 per 23 days)
clobetasol-emollient topical cream 0.05 %	1	QL (120 per 23 days)
CLOBEX TOPICAL SHAMPOO 0.05 % (***clobetasol propionate***)	3	Preferred alternatives (clobetasol propionate); QL (236 per 23 days)
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol propionate/skin cleanser combination no.28***)	3	Preferred alternatives (betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate); QL (2 per 21 days)
clodan topical shampoo 0.05 %	1	QL (236 per 23 days)
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 % (***fluocinolone acetonide***)	3	Preferred alternatives (fluocinolone acetonide)
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 % (***fluocinolone acetonide/shower cap***)	3	Preferred alternatives (fluocinolone acetonide)
desonide topical cream 0.05 %	1	
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	
DESOWEN TOPICAL CREAM 0.05 % (***desonide***)	3	Preferred alternatives (desonide)
desoximetasone topical cream 0.05 %, 0.25 %	1	
desoximetasone topical gel 0.05 %	1	
desoximetasone topical spray,non-aerosol 0.25 %	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (***betamethasone dipropionate/propylene glycol***)	3	Preferred alternatives (betamethasone dipropionate)

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Prescription Drug Name	Drug Tier	Requirements and Limits
DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol propionate/tazarotene***)	3	Preferred alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate); QL (200 per 23 days)
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %	1	QL (120 per 23 days)
fluocinonide topical gel 0.05 %	1	QL (120 per 23 days)
fluocinonide topical ointment 0.05 %	1	QL (120 per 23 days)
fluocinonide topical solution 0.05 %	1	QL (120 per 23 days)
fluocinonide-e topical cream 0.05 %	1	QL (120 per 23 days)
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical foam 0.05 %	1	
halobetasol propionate topical ointment 0.05 %	1	
HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***)	3	Preferred alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
hydrocortisone butyrate topical cream 0.1 %	1	QL (120 per 23 days)
hydrocortisone butyrate topical ointment 0.1 %	1	QL (120 per 21 days)
hydrocortisone butyrate topical solution 0.1 %	1	QL (120 per 23 days)
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone topical solution 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (***triamcinolone acetonide***)	3	Preferred alternatives (triamcinolone acetonide); QL (100 per 23 days)
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	3	
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***)	3	Preferred alternatives (betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide)
prednicarbate topical cream 0.1 %	1	
prednicarbate topical ointment 0.1 %	1	
PROCTOCORT TOPICAL CREAM 1 % (***hydrocortisone***)	3	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no.1***)	3	
scalacort topical lotion 2 %	1	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TOPICAL CREAM 0.025 % (***fluocinolone acetonide***)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TOPICAL OINTMENT 0.025 % (***fluocinolone acetonide***)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TOPICAL SOLUTION 0.01 % (***fluocinolone acetonide***)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***)	3	Preferred alternatives (fluocinolone acetonide)
TEXACORT TOPICAL SOLUTION 2.5 % (***hydrocortisone***)	3	Preferred alternatives (hydrocortisone)
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (***desoximetasone***)	3	Preferred alternatives (desoximetasone)

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Prescription Drug Name	Drug Tier	Requirements and Limits
TOPICORT TOPICAL GEL 0.05 % (***desoximetasone***)	3	Preferred alternatives (desoximetasone)
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (***desoximetasone***)	3	Preferred alternatives (desoximetasone)
triamcinolone acetonide topical aerosol 0.147 mg/gram	1	QL (126 per 23 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.5 %	1	
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***)	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	2	
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	1	
ELIMITE TOPICAL CREAM 5 % (***permethrin***)	3	Preferred alternatives (permethrin)
EURAX TOPICAL CREAM 10 % (***crotamiton***)	3	Preferred alternatives (crotan)
EURAX TOPICAL LOTION 10 % (***crotamiton***)	3	Preferred alternatives (crotan)
malathion topical lotion 0.5 %	1	
OVIDE TOPICAL LOTION 0.5 % (***malathion***)	3	Preferred alternatives (malathion)
permethrin topical cream 5 %	1	
pruradik topical lotion 10 %	1	
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	3	Preferred alternatives (ivermectin, permethrin, malathion, spinosad)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P ORAL TABLET 37.5 MG (***phentermine hcl***)	3	PA; Preferred alternatives (phentermine hcl); QL (30 per 30 days)
benzphetamine oral tablet 50 mg	1	QL (90 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***)	3	PA; Preferred alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, phentermine-topiramate er, WEGOVY, ZEPBOUND); QL (120 per 30 days)
diethylpropion oral tablet 25 mg	1	QL (90 per 30 days)
diethylpropion oral tablet extended release 75 mg	1	QL (30 per 30 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	4	PA
LOMAIRA ORAL TABLET 8 MG (***phentermine hcl***)	3	PA; Preferred alternatives (phentermine hcl); QL (90 per 30 days)
ORLISTAT ORAL CAPSULE 120 MG	3	PA; Preferred alternatives (ALLI); QL (90 per 30 days)
phendimetrazine tartrate oral capsule, extended release 105 mg	1	QL (30 per 30 days)
phendimetrazine tartrate oral tablet 35 mg	1	PA; QL (180 per 30 days)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	QL (30 per 30 days)
phentermine oral tablet 37.5 mg	1	QL (30 per 30 days)
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	PA; QL (30 per 30 days)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine hcl/topiramate***)	3	PA; Preferred alternatives (phentermine-topiramate er); QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (***semaglutide***)	2	PA; QL (2 per 21 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	2	PA; QL (3 per 21 days)
XENICAL ORAL CAPSULE 120 MG (***orlistat***)	3	PA; Preferred alternatives (ALLI); QL (90 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	2	PA; QL (2 per 21 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	2	PA; QL (2 per 21 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
EUA PATIENT ASSESSMENT (***eua patient assessment***)	2	
IRRIGATING SOLUTIONS		

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Prescription Drug Name	Drug Tier	Requirements and Limits
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	PA
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 % (***sorbitol solution***)	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML (***mannitol/sorbitol solution***)	3	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG (***anagrelide hcl***)	3	Preferred alternatives (anagrelide hydrochloride)
anagrelide oral capsule 0.5 mg, 1 mg	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (***sodium phenylbutyrate***)	4	PA; Preferred alternatives (sodium phenylbutyrate)
BUPHENYL ORAL TABLET 500 MG (***sodium phenylbutyrate***)	4	PA; Preferred alternatives (sodium phenylbutyrate)
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	4	PA; LA
carglumic acid oral tablet, dispersible 200 mg	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***)	3	Preferred alternatives (levocarnitine)
CARNITOR ORAL SOLUTION 100 MG/ML (***levocarnitine (with sugar)***)	3	Preferred alternatives (levocarnitine)
CARNITOR ORAL TABLET 330 MG (***levocarnitine***)	3	Preferred alternatives (levocarnitine)
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	2	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA; Preferred alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide); LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	4	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	4	PA; Preferred alternatives (l-glutamine); LA
EVOXAC ORAL CAPSULE 30 MG (***cevimeline hcl***)	3	Preferred alternatives (cevimeline hcl)
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG (***deferiprone***)	4	
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	4	
FERRIPROX ORAL TABLET 1,000 MG (***deferiprone***)	4	PA; Preferred alternatives (deferiprone (3 times a day))
FERRIPROX ORAL TABLET 500 MG (***deferiprone***)	4	PA; Preferred alternatives (deferiprone)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (***givosiran sodium***)	4	PA; LA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (***alpha-1-proteinase inhibitor***)	4	PA; LA
glutamine (sickle cell) oral powder in packet 5 gram	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	4	PA
JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***)	4	PA
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	4	PA; Preferred alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone)
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	3	
METOPIRONE ORAL CAPSULE 250 MG (***metyrapone***)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***)	4	PA; Preferred alternatives (sodium phenylbutyrate, PHEBURANE)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	4	PA; Preferred alternatives (nitisinone)
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	4	PA; Preferred alternatives (nitisinone, NITYR)
PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***)	4	PA; LA
PROPECIA ORAL TABLET 1 MG (***finasteride***)	3	Preferred alternatives (finasteride)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	4	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***)	4	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	3	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***)	4	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***)	4	PA; LA
RILUTEK ORAL TABLET 50 MG (***riluzole***)	3	PA; Preferred alternatives (riluzole)
riluzole oral tablet 50 mg	1	PA
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride injection syringe 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium phenylbutyrate oral powder 0.94 gram/gram	1	
sodium phenylbutyrate oral tablet 500 mg	1	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
SYPRINE ORAL CAPSULE 250 MG (***trientine hcl***)	3	Preferred alternatives (trientine hcl)
TAVNEOS ORAL CAPSULE 10 MG (***avacopan***)	4	PA; Preferred alternatives (azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	4	PA; Preferred alternatives (riluzole)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	4	PA; Preferred alternatives (tiopronin, venxxiva)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	4	PA; Preferred alternatives (riluzole)
tiopronin oral tablet 100 mg	4	PA
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	4	PA
trientine oral capsule 250 mg	1	
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	4	PA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (***diazoxide choline***)	4	PA
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	4	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	4	PA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML (***bupivacaine/meloxicam***)	3	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA; QL (180 per 365 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (***varenicline tartrate***)	3	Preferred alternatives (varenicline tartrate); ACA; QL (180 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (***varenicline tartrate***)	3	Preferred alternatives (varenicline tartrate); ACA; QL (180 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (***varenicline tartrate***)	3	Preferred alternatives (varenicline tartrate); ACA; QL (180 per 365 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (***nicotine***)	2	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL GUM 2 MG (***nicotine polacrilex***)	2	ACA; OTC; QL (180 per 365 days)
nicorette buccal gum 4 mg	1	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	2	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	2	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA; OTC; QL (180 per 365 days)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	ACA; OTC; QL (180 per 365 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	3	Preferred alternatives (nicotine, nicotine gum); ACA; QL (180 per 365 days)
quit 2 buccal gum 2 mg	1	ACA; OTC; QL (180 per 365 days)
quit 2 buccal lozenge 2 mg	1	ACA; OTC; QL (180 per 365 days)
quit 4 buccal gum 4 mg	1	ACA; OTC; QL (180 per 365 days)
quit 4 buccal lozenge 4 mg	1	ACA; OTC; QL (180 per 365 days)
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; QL (180 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1	ACA; QL (180 per 365 days)
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	Preferred alternatives (sodium fluoride)
denta 5000 plus dental cream 1.1 %	1	
denta 5000 plus sensitive dental paste 1.1-5 %	1	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	3	Preferred alternatives (denta 5000 plus, sf 5000 plus)
FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	3	
fraiche 5000 dental gel 1.1 %	1	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (***sodium fluoride/hydroxyapatite***)	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (***potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic***)	3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	QL (30 per 30 days)
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	
kourzeq dental paste 0.1 %	1	
MUGARD MUCOUS MEMBRANE SOLUTION (***glycerin/carbomer homopolymer type a/potassium hydroxide***)	4	PA
olopatadine nasal spray,non-aerosol 0.6 %	1	QL (31 per 30 days)
oralone dental paste 0.1 %	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	3	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (***chlorhexidine gluconate***)	3	Preferred alternatives (chlorhexidine gluconate)
periogard mucous membrane mouthwash 0.12 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	Preferred alternatives (sodium fluoride)
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	3	Preferred alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	Preferred alternatives (sodium fluoride)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	3	Preferred alternatives (sodium fluoride)
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	3	Preferred alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT DENTAL GEL 1.1 % (***fluoride (sodium)***)	3	Preferred alternatives (sodium fluoride)
PREVIDENT DENTAL SOLUTION 0.2 % (***fluoride (sodium)***)	3	Preferred alternatives (sodium fluoride)
PREVIDENT KIDS DENTAL PASTE 1.1 % (***fluoride (sodium)***)	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (***sucralfate malate, polymerized***)	4	PA
Q-CARE RX Q4 KIT 0.12 % (***dental suction device/chlorhexidine gl/dental swab comb no.1***)	3	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (***pilocarpine hcl***)	3	Preferred alternatives (pilocarpine hcl)
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (***fluocinolone acetonide oil***)	3	Preferred alternatives (fluocinolone acetonide oil)
flac otic oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		

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Prescription Drug Name	Drug Tier	Requirements and Limits
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***)	3	Preferred alternatives (neomycin/polymyxin/hc)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (***ciprofloxacin hcl/fluocinolone acetonide***)	3	Preferred alternatives (ciprofloxacin-dexamethasone)
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	4	PA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (***hydrocortisone***)	3	Preferred alternatives (hydrocortisone)
cortisone oral tablet 25 mg	1	
deflazacort oral suspension 22.75 mg/ml	4	PA; LA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	1	
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet 1 mg, 2 mg	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	1	PA; LA
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (***methylprednisolone***)	3	Preferred alternatives (methylprednisolone)
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (***methylprednisolone***)	3	Preferred alternatives (methylprednisolone)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	
millipred oral tablet 5 mg	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (***prednisolone sodium phosphate***)	3	Preferred alternatives (prednisolone sodium phosphate)
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (***prednisone***)	3	Preferred alternatives (prednisone)
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS) (***dexamethasone***)	3	Preferred alternatives (dexamethasone)
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	4	PA; Preferred alternatives (methylprednisolone, prednisone)
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	3	PA
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	4	PA; LA
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (***dexamethasone***)	3	Preferred alternatives (dexamethasone)
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution 1 gram/ml	1	
propylthiouracil oral tablet 50 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	3	Preferred alternatives (potassium iodide)
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (***blood glucose calibration control high and low***)	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (***blood glucose calibration control high and low***)	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION (***blood glucose calibration control high and low***)	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
AGAMATRIX CONTROL SOLN-HIGH SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK (***blood-glucose calib. control***)	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (***blood glucose calibration control solution, high and normal***)	3	OTC
AT HOME A1C DEVICE (***home hemoglobin a1c monitor***)	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
CARESENS CONTROL A AND B SOLUTION (***blood glucose calibration control solution, high and normal***)	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (***blood glucose calibration control solution, high and normal***)	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	2	PA
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	2	PA
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	2	PA
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	2	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
EASY PLUS II HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
EASY TALK HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
EASY TALK PLUS II LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (***blood glucose calibration control high and low***)	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
EASY TRAK LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
EASYMAX 15 LEVEL 2 SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
EASYMAX NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
ELEMENT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (***blood ketone and glucose monitor***)	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION (***blood-ketone control, normal***)	3	OTC
FORA NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
FORA TN'G ADV MOBILE MULTI MTR DEVICE (***blood ketone and glucose monitor***)	3	OTC
FORA TN'G ADVANCE MULTI-FN MTR DEVICE (***blood ketone and glucose monitor***)	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE (***blood ketone and glucose monitor***)	3	OTC
FORACARE GDH LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
FREESTYLE CONTROL SOLUTION (***blood glucose calibration control high and low***)	2	OTC
FREESTYLE FREEDOM KIT (***blood-glucose meter***)	2	OTC
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	2	OTC
FREESTYLE INSULINX (***blood-glucose meter***)	2	OTC
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	2	OTC
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	2	PA
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	2	PA
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	2	PA
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	2	PA
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	2	PA
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	2	PA
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	2	PA
FREESTYLE LITE METER KIT (***blood-glucose meter***)	2	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	2	OTC
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	2	PA; OTC
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	2	OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
GLUCOSE CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION (***blood-ketone control, normal***)	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT (***blood ketone and glucose monitor***)	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	3	PA
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	3	PA
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	3	PA
HEALTHPRO HIGH-LOW CONTROL SOLUTION (***blood glucose calibration control high and low***)	3	OTC
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
MEDISENSE COMBO PACK (***blood-glucose calib. control***)	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK (***blood-glucose calib. control***)	2	OTC
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (***blood glucose calibration control solutions high,normal,low***)	3	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE (***blood ketone and glucose monitor***)	3	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
NOVA MAX PLUS GLUC-KETON METER KIT (***blood ketone and glucose monitor***)	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION (***blood glucose and ketone control, normal***)	3	OTC
ON CALL EXPRESS CONTROL SOLUTION (***blood glucose calibration control solutions high,normal,low***)	3	OTC
ONETOUCH ULTRA CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	2	OTC
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	2	Preferred alternatives (FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP); OTC
ONETOUCH ULTRA2 METER (***blood-glucose meter***)	2	OTC
ONETOUCH VERIO FLEX METER (***blood-glucose meter***)	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	2	OTC
ONETOUCH VERIO REFLECT METER (***blood-glucose meter***)	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	2	Preferred alternatives (FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP); OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (***blood glucose calibration control high and low***)	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT (***blood ketone and glucose monitor***)	2	OTC
PRECISION XTRA MONITOR (***blood-glucose meter***)	2	OTC
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	2	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION (***blood glucose calibration control solution, low***)	3	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
SIMPLERA SENSOR DEVICE (***blood-glucose sensor***)	3	PA
SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***)	3	PA
SMARTEST CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (***blood glucose calibration control solution, high***)	3	OTC
TELCARE CONTROL SOLUTION (***blood glucose calibration control high and low***)	3	OTC
TRUE METRIX AIR GLUCOSE METER (***blood-glucose meter***)	2	OTC
TRUE METRIX GLUCOSE METER (***blood-glucose meter***)	2	OTC
TRUE METRIX GO GLUCOSE METER (***blood-glucose meter***)	2	OTC
TRUE METRIX LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	2	OTC
UNISTRIP LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	3	OTC
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (***blood glucose calibration control solutions high,normal,low***)	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML (***glucagon hcl***)	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***)	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	2	
diazoxide oral suspension 50 mg/ml	1	
glucagon emergency kit (human) injection recon soln 1 mg	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (***glucagon***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (***diazoxide***)	3	Preferred alternatives (diazoxide)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	2	OTC
AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***)	2	
AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***)	2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***)	2	
BD MICROTAINER LANCET 30 GAUGE (***lancets***)	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (***needles, disposable***)	2	
CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK (***lancing device, vacuum/lancets***)	3	OTC
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
ILET INSULIN PUMP (***subcutaneous insulin pump***)	2	
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	3	
LANCETS 33 GAUGE	2	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
LANCING DEVICE	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	2	
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	2	
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	2	
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	2	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***)	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	2	
T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	2	
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	3	PA
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	2	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	2	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	2	
TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	2	
TWIIST REFILL KT(CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin pump syringe/insulin needles***)	2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	2	
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	2	
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	2	
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	2	
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	2	
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	2	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (***insulin lispro***)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (***insulin lispro***)	2	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; Preferred alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; Preferred alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; Preferred alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (***insulin lispro-aabc***)	2	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***)	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***)	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***)	3	Preferred alternatives (SOLIQUA 100-33)
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	QL (8 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
calcitonin (salmon) injection solution 200 unit/ml	1	PA
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	4	PA; LA
cetrorelix subcutaneous kit 0.25 mg	4	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (***cetrorelix acetate***)	4	PA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT (***chorionic gonadotropin, human***)	4	PA; Preferred alternatives (OVIDREL, PREGNYL)
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	
clomid oral tablet 50 mg	1	
clomiphene citrate oral tablet 50 mg	1	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (***crinecerfont***)	4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***)	4	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	4	PA; LA
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (***desmopressin acetate***)	3	Preferred alternatives (desmopressin acetate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML (***testosterone cypionate***)	3	PA; Preferred alternatives (testosterone cypionate)
desmopressin injection solution 4 mcg/ml	4	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	PA
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
fyremadel subcutaneous syringe 250 mcg/0.5 ml	4	PA
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	4	PA; Preferred alternatives (FABRAZYME); LA
ganirelix subcutaneous syringe 250 mcg/0.5 ml	4	PA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (***follitropin alfa, recombinant***)	4	PA

Prescription Drug Name	Drug Tier	Requirements and Limits
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (***follitropin alfa, recombinant***)	4	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG (***testosterone undecanoate***)	3	Preferred alternatives (testosterone, testosterone); QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG (***testosterone undecanoate***)	3	Preferred alternatives (testosterone, testosterone); QL (60 per 30 days)
javygtor oral powder in packet 100 mg, 500 mg	4	PA; LA
javygtor oral tablet,soluble 100 mg	4	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	4	PA; Preferred alternatives (tolvaptan)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	4	PA; Preferred alternatives (tolvaptan)
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	4	PA
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	2	
methyltestosterone oral capsule 10 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin,salmon,synthetic***)	3	PA; Preferred alternatives (calcitonin-salmon)
mifepristone oral tablet 300 mg	4	PA; LA
miglustat oral capsule 100 mg	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	4	PA; LA
OPFOLDA ORAL CAPSULE 65 MG (***miglustat***)	4	PA; Preferred alternatives (LUMIZYME); LA
ORILISSA ORAL TABLET 150 MG (***elagolix sodium***)	2	PA; QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG (***elagolix sodium***)	2	PA; QL (360 per 365 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***)	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***)	4	PA; LA
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***)	4	PA; QL (3 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	3	Preferred alternatives (calcitriol, doxercalciferol, paricalcitol)
ROCALTROL ORAL SOLUTION 1 MCG/ML (***calcitriol***)	3	Preferred alternatives (calcitriol)
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; LA
sapropterin oral tablet,soluble 100 mg	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	2	
TESTOPEL IMPLANT PELLET 75 MG (***testosterone***)	4	PA; Preferred alternatives (testosterone cypionate, testosterone enanthate, XYOSTED)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 50 MG (***testosterone***)	3	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	4	PA; LA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; LA
tolvaptan oral tablet 15 mg	4	PA; LA; QL (30 per 30 days)
tolvaptan oral tablet 30 mg	4	PA; LA; QL (60 per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (***testosterone***)	3	Preferred alternatives (testosterone)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (***testosterone***)	3	Preferred alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (***testosterone***)	3	Preferred alternatives (testosterone)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***)	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	2	PA; QL (2 per 21 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (***palopegteriparatide***)	4	PA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (***paricalcitol***)	3	PA; Preferred alternatives (paricalcitol)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (***paricalcitol***)	3	Preferred alternatives (paricalcitol)
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ACTOPLUS MET ORAL TABLET 15-850 MG (***pioglitazone hcl/metformin hcl***)	3	Preferred alternatives (pioglitazone-metformin); QL (90 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (***pioglitazone hcl***)	3	Preferred alternatives (pioglitazone hcl); QL (30 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (***exenatide microspheres***)	2	ST
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***)	3	Preferred alternatives (metformin hcl, glimepiride, glipizide, glyburide)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (***pioglitazone hcl/glimepiride***)	3	Preferred alternatives (pioglitazone-glimepiride); QL (30 per 30 days)
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml	1	ST
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	2	PA; ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	2	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	2	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***)	2	ST; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	2	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	2	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	2	PA; ST
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	ST
metformin oral solution 500 mg/5 ml	1	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 750 mg	1	PA
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	2	ST
nateglinide oral tablet 120 mg, 60 mg	1	
OSENI ORAL TABLET 25-45 MG (***alogliptin benzoate/pioglitazone hcl***)	3	ST; Preferred alternatives (pioglitazone hcl, saxagliptin hcl, JANUVIA); QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	2	ST
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL (90 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (***acarbose***)	3	Preferred alternatives (acarbose)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RIOMET ORAL SOLUTION 500 MG/5 ML (***metformin hcl***)	3	PA; Preferred alternatives (metformin hcl)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	2	ST
saxagliptin oral tablet 2.5 mg, 5 mg	1	ST; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	ST; QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	ST; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	2	PA; ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	2	PA; ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	2	ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	2	PA; ST
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	2	
ERMEZA ORAL SOLUTION 30 MCG/ML (***levothyroxine sodium***)	3	Preferred alternatives (levothyroxine sodium, levoxyl, unithroid)
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz oral tablet,disintegrating 0.125 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	ST; QL (99 per 99 days)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
dicyclomine intramuscular solution 10 mg/ml	1	PA
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	3	Preferred alternatives (phenohytro)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	3	Preferred alternatives (phenohytro)
ed-spaz oral tablet,disintegrating 0.125 mg	1	
GLYCATE ORAL TABLET 1.5 MG (***glycopyrrolate***)	3	Preferred alternatives (glycopyrrolate)
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	PA
glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (***hyoscyamine sulfate***)	3	Preferred alternatives (hyoscyamine sulfate)
LEVSIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	3	Preferred alternatives (hyoscyamine sulfate)
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	3	Preferred alternatives (hyoscyamine sulfate)
LOMOTIL ORAL TABLET 2.5-0.025 MG (***diphenoxylate hcl/atropine sulfate***)	3	Preferred alternatives (diphenoxylate w/atropine)
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	Preferred alternatives (glycopyrrolate)
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin hcl/atropine sulfate***)	3	Preferred alternatives (diphenoxylate w/atropine)
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	3	Preferred alternatives (hyoscyamine sulfate)
opium tincture oral tincture 10 mg/ml (morphine)	1	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	1	
ROBINUL FORTE ORAL TABLET 2 MG (***glycopyrrolate***)	3	Preferred alternatives (glycopyrrolate)
ROBINUL ORAL TABLET 1 MG (***glycopyrrolate***)	3	Preferred alternatives (glycopyrrolate)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	3	Preferred alternatives (hyoscyamine sulfate)

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Prescription Drug Name	Drug Tier	Requirements and Limits
symax fastabs oral tablet,disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	1	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
anucort-hc rectal suppository 25 mg	1	
aprepitant oral capsule 125 mg, 40 mg	1	PA; QL (1 per 30 days)
aprepitant oral capsule 80 mg	1	PA; QL (2 per 30 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	PA; QL (3 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (***mesalamine***)	3	Preferred alternatives (mesalamine er)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (***sulfasalazine***)	3	Preferred alternatives (sulfasalazine)
AZULFIDINE ORAL TABLET 500 MG (***sulfasalazine***)	3	Preferred alternatives (sulfasalazine)
balsalazide oral capsule 750 mg	1	
betaine oral powder 1 gram/scoop	4	PA
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
budesonide oral capsule,delayed,extend.release 3 mg	1	
budesonide oral tablet,delayed and ext.release 9 mg	1	
budesonide rectal foam 2 mg/actuation	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol); LA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol); LA
CHENODAL ORAL TABLET 250 MG (***chenodiol***)	4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	4	PA
citrate of magnesia oral solution	1	ACA; OTC
citroma oral solution	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
clearlax oral powder 17 gram/dose	1	ACA; OTC
COLAZAL ORAL CAPSULE 750 MG (***balsalazide disodium***)	3	Preferred alternatives (balsalazide disodium)
COMPAZINE ORAL TABLET 10 MG, 5 MG (***prochlorperazine maleate***)	3	Preferred alternatives (prochlorperazine maleate)
COMPAZINE RECTAL SUPPOSITORY 25 MG (***prochlorperazine***)	3	Preferred alternatives (prochlorperazine maleate)
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (***hydrocortisone***)	3	Preferred alternatives (hydrocortisone)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase***)	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	4	PA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (***doxylamine succinate/pyridoxine hcl (vitamin b6)***)	3	Preferred alternatives (doxylamine succ-pyridoxine hcl); QL (720 per 365 days)
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	3	Preferred alternatives (balsalazide disodium, mesalamine, mesalamine dr, mesalamine er, sulfasalazine, PENTASA)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1	QL (720 per 365 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	1	ACA; OTC
enulose oral solution 10 gram/15 ml	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (***cromolyn sodium***)	3	Preferred alternatives (cromolyn sodium)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	4	PA; LA
gavilax oral powder 17 gram/dose	1	ACA; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
gavilyte-n oral recon soln 420 gram	1	ACA
generlac oral solution 10 gram/15 ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	1	ACA; OTC
gentlelax oral powder 17 gram/dose	1	ACA; OTC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	3	Preferred alternatives (gavilyte-g, peg 3350-electrolyte)
granisetron hcl oral tablet 1 mg	1	QL (6 per 30 days)
hemmorex-hc rectal suppository 25 mg, 30 mg	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone acetate topical cream with perineal applicator 2.5 %	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
IQIRVO ORAL TABLET 80 MG (***elafibranor***)	4	PA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM (***lactulose***)	3	Preferred alternatives (lactulose)
lactulose oral packet 10 gram	1	PA
lactulose oral packet 20 gram	1	
lactulose oral solution 10 gram/15 ml	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
laxative peg 3350 oral powder 17 gram/dose	1	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM) (***lidocaine hcl/hydrocortisone acetate***)	3	Preferred alternatives (lidocaine-hc)
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	2	
LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (***maralixibat chloride***)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)
lubiprostone oral capsule 24 mcg, 8 mcg	1	
magnesium citrate oral solution	1	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (***dronabinol***)	3	Preferred alternatives (dronabinol)
meclizine oral tablet 12.5 mg, 25 mg, 50 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
milk of magnesia oral suspension 400 mg/5 ml	1	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	2	
natura-lax oral powder 17 gram/dose	1	ACA; OTC
nitroglycerin rectal ointment 0.4 % (w/w)	1	
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	4	PA; LA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	4	PA; LA
ondansetron hcl oral solution 4 mg/5 ml	1	QL (100 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 per 30 days)
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL (9 per 30 days)
onelax magnesium citrate oral solution	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	1	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (***lipase/protease/amylase***)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1	ACA
peg-electrolyte soln oral recon soln 420 gram	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (***mesalamine***)	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (***mesalamine***)	3	Preferred alternatives (mesalamine er)
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	1	ACA; OTC
polyethylene glycol 3350 oral powder 17 gram/dose	1	ACA; OTC
powderlax oral powder 17 gram/dose	1	ACA; OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***)	3	Preferred alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
PROCTOCORT RECTAL SUPPOSITORY 30 MG (***hydrocortisone acetate***)	3	Preferred alternatives (hydrocortisone acetate)
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
prucalopride oral tablet 1 mg, 2 mg	1	
purelax oral powder 17 gram/dose	1	ACA; OTC
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	4	PA; LA
RECTIV RECTAL OINTMENT 0.4 % (W/W) (***nitroglycerin***)	2	
REGLAN ORAL TABLET 10 MG, 5 MG (***metoclopramide hcl***)	3	Preferred alternatives (metoclopramide hcl)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (***mesalamine with cleansing wipes***)	3	Preferred alternatives (mesalamine)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	3	Preferred alternatives (granisetron hcl, ondansetron hcl); QL (1 per 30 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (***mesalamine***)	3	Preferred alternatives (mesalamine)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	4	PA; LA
smoothlax oral powder 17 gram/dose	1	ACA; OTC
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	4	PA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML (***granisetron***)	3	PA; Preferred alternatives (granisetron hcl, ondansetron hcl, palonosetron hcl)
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	2	
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	3	Preferred alternatives (dronabinol)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	3	PA; Preferred alternatives (trimethobenzamide hcl)
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (***budesonide***)	3	Preferred alternatives (budesonide er)
UCERIS RECTAL FOAM 2 MG/ACTUATION (***budesonide***)	3	Preferred alternatives (budesonide)
URSO FORTE ORAL TABLET 500 MG (***ursodiol***)	3	Preferred alternatives (ursodiol)
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	2	
VELSIPITY ORAL TABLET 2 MG (***etrasimod arginine***)	4	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase***)	2	
VOWST ORAL CAPSULE (***fecal microbiota spores, live-brpk***)	4	PA
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase***)	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	4	PA; LA; QL (2 per 21 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	4	PA; LA
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (***misoprostol***)	3	Preferred alternatives (misoprostol)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 2.5 mg, 40 mg, 5 mg	1	ST
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	ST; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***)	3	Preferred alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA); QL (80 per 30 days)
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	OTC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	
omeprazole oral tablet,delayed release (dr/ec) 20 mg	1	OTC
omeprazole oral tablet,disintegrat, delay rel 20 mg	1	OTC
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	PA; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	PA
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	PA; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	PA
pantoprazole oral granules dr for susp in packet 40 mg	1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
PEPCID ORAL TABLET 20 MG, 40 MG (***famotidine***)	3	Preferred alternatives (famotidine)
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (***omeprazole magnesium***)	2	ST; OTC
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	2	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (***vonoprazan fumarate/amoxicillin trihydrate***)	3	Preferred alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***)	3	ST; Preferred alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	3	Preferred alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***)	4	PA; Preferred alternatives (ILARIS)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***)	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (***plerixafor***)	4	PA; Preferred alternatives (plerixafor); LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	4	PA; LA
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	4	PA; LA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa***)	4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	4	PA; LA
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***)	4	PA
XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***)	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	4	PA; LA
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***)	2	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (***somatrogon-ghla***)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	4	PA; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; LA; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	4	PA; LA; QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	2	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (***smallpox vaccine,live***)	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	2	ACA; QL (99 per 99 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	2	ACA; QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival split 2025-26 (36 mos up)/pf***)	2	ACA; QL (99 per 99 days)
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2025-26 (6 mos and older)***)	2	QL (99 per 99 days)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	2	ACA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML (***influenza a (h5n1) vaccine mvs (6 mos up)/adjuvant mf59c.1***)	2	QL (99 per 99 days)
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML (***influenza a (h5n1) vaccine mvs (6mos up)/adjuvant mf59c.1/pf***)	2	QL (99 per 99 days)
BCG VACCINE (TICE STRAIN) VIAL INNER, P/F 50 MG (***bcg vaccine, live/pf***)	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG (***bcg vaccine, live/pf***)	4	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (***anthrax vaccine adsorbed***)	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	2	ACA; QL (99 per 99 days)
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***)	2	
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	4	PA; Preferred alternatives (XEMBIFY); LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	2	ACA; QL (99 per 99 days)
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (***dengue tetravalent vaccine, live, vero cell/pf***)	2	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	2	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (***ebola (zaire) recombinant vaccine, live, vero cell/pf***)	2	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2025-26 (65 yr up)/adjuvant mf59c.1/pf***)	2	ACA; QL (99 per 99 days)
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***)	2	ACA; QL (99 per 99 days)
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/pf***)	2	ACA; QL (99 per 99 days)
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2025-2026(6 month and older)cell derived/pf***)	2	ACA; QL (99 per 99 days)
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine triv 2025-2026(6 month and older)cell derived***)	2	QL (99 per 99 days)
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***)	2	ACA; QL (99 per 99 days)
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***)	2	ACA; QL (99 per 99 days)
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***)	2	ACA; QL (99 per 99 days)
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***)	2	ACA; QL (99 per 99 days)
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2025-26 (6 mos and older)***)	2	QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2025-2026(65 yr up)/pf***)	2	ACA; QL (99 per 99 days)
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	4	PA; LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***)	2	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	2	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	2	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	4	PA; Preferred alternatives (XEMBIFY); LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	4	PA; Preferred alternatives (XEMBIFY); LA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (***hepatitis b immune globulin***)	4	PA
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (***hepatitis b immune globulin***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (***rabies immune globulin/pf***)	4	PA
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML (***tetanus immune globulin/pf***)	2	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (***immune globulin,gamma(igg) human/hyaluronidase, human recomb***)	4	PA; Preferred alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY); LA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***)	4	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (***rabies vaccine, human diploid cell/pf***)	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	2	ACA; QL (99 per 99 days)
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (***japanese encephalitis vaccine/pf***)	2	ACA
JEUVEAU INTRAMUSCULAR RECON SOLN 100 UNIT (***prabotulinumtoxina-xvfs***)	3	PA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***)	4	PA; Preferred alternatives (HYPERRAB, IMOGAM RABIES-HT)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	2	ACA; QL (99 per 99 days)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	2	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	2	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf***)	2	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (***hepatitis b immune globulin***)	4	PA; Preferred alternatives (HEPAGAM B, HYPERHEP B S-D)
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf***)	2	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	2	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	2	ACA; QL (99 per 99 days)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	2	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***)	2	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***)	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF-62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	2	ACA; QL (99 per 99 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	2	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	2	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	2	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	2	ACA; QL (99 per 99 days)
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	2	ACA; QL (99 per 99 days)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (***rabies vaccine, purified chicken embryo cell (pcec)/pf***)	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	2	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up) (moderna)/pf***)	2	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	2	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	2	ACA; QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	2	ACA; QL (99 per 99 days)
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML (***tick-borne encephalitis vaccine***)	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML (***tick-borne encephalitis vaccine***)	2	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	2	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	2	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	2	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (***varicella-zoster immune globulin/maltose***)	2	PA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	2	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	2	ACA; QL (99 per 99 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	2	ACA
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML (***chikungunya vaccine, recombinant/pf***)	2	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	2	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)-klhw human***)	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	2	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	1	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	3	Preferred alternatives (colchicine, MITIGARE)
MITIGARE ORAL CAPSULE 0.6 MG (***colchicine***)	2	
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
ZYLOPRIM ORAL TABLET 100 MG (***allopurinol***)	3	Preferred alternatives (allopurinol)
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG (***risedronate sodium***)	3	Preferred alternatives (risedronate sodium); QL (1 per 23 days)
ACTONEL ORAL TABLET 35 MG (***risedronate sodium***)	3	Preferred alternatives (risedronate sodium); QL (4 per 21 days)
alendronate oral solution 70 mg/75 ml	1	QL (300 per 21 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 21 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG (***risedronate sodium***)	3	Preferred alternatives (risedronate sodium dr); QL (4 per 21 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (***alendronate sodium***)	3	Preferred alternatives (alendronate sodium); QL (4 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (***teriparatide***)	4	PA; QL (3 per 21 days)
EVISTA ORAL TABLET 60 MG (***raloxifene hcl***)	3	Preferred alternatives (raloxifene hcl)
FOSAMAX ORAL TABLET 70 MG (***alendronate sodium***)	3	Preferred alternatives (alendronate sodium); QL (4 per 21 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***)	3	Preferred alternatives (alendronate sodium); QL (4 per 21 days)
ibandronate oral tablet 150 mg	1	QL (1 per 23 days)
raloxifene oral tablet 60 mg	1	ACA
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 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL (4 per 21 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; QL (3 per 21 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	4	PA
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***)	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	4	PA; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL (2 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	4	PA; LA; QL (2 per 21 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	4	PA; LA; QL (2 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA
ARAVA ORAL TABLET 10 MG, 20 MG (***leflunomide***)	3	Preferred alternatives (leflunomide); QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	4	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	4	PA; LA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	4	PA; LA; QL (2 per 21 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	4	PA; LA; QL (2 per 21 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	4	PA; LA; QL (2 per 21 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	4	PA; LA
DEPEN TITRATABS ORAL TABLET 250 MG (***penicillamine***)	3	Preferred alternatives (penicillamine)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	4	PA; LA; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	4	PA; LA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	4	PA; LA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	4	PA; LA; QL (4 per 21 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	4	PA; LA; QL (4 per 21 days)
leflunomide oral tablet 10 mg, 20 mg	1	QL (30 per 30 days)
LEQSELVI ORAL TABLET 8 MG (***deuruxolitinib phosphate***)	4	PA; Preferred alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone); LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	4	PA
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (***methotrexate/pf***)	2	
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***)	4	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	4	PA; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	2	ST; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	2	ST; QL (55 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	4	PA; Preferred alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, INFLECTRA, SIMLANDI(CF) AUTOINJECTOR, SIMPONI); LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	4	PA; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	4	PA; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***)	4	PA; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	4	PA
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	2	ACA
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	3	ACA; OTC
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	3	ACA; OTC
FC2 FEMALE CONDOM (***condoms, female***)	2	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM (***cervical cap***)	2	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***)	4	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***)	4	Preferred alternatives (KYLEENA, MIRENA, SKYLA); ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***)	4	ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (***copper***)	4	Preferred alternatives (PARAGARD T 380-A); ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	4	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***)	4	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	2	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	3	ACA
ESTROGENS & PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
ACTIVELLA ORAL TABLET 1-0.5 MG (***estradiol/norethindrone acetate***)	3	Preferred alternatives (estradiol-norethindrone acetat)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***)	3	Preferred alternatives (abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol)
camila oral tablet 0.35 mg	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	3	Preferred alternatives (estradiol); QL (4 per 21 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	2	
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	2	PA
deblitane oral tablet 0.35 mg	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (***estradiol valerate***)	3	PA; Preferred alternatives (estradiol valerate)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	2	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	3	Preferred alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	3	Preferred alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	3	Preferred alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 21 days)
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	2	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
emzahh oral tablet 0.35 mg	1	ACA
ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone, micronized***)	2	PA
errin oral tablet 0.35 mg	1	ACA
ESTRADIOL IMPLANT PELLET 6 MG (***estradiol***)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	1	QL (1 per 30 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1	QL (30 per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 21 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 21 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	PA
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	3	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***)	3	Preferred alternatives (estradiol, estradiol, estradiol); QL (17 per 30 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	
heather oral tablet 0.35 mg	1	ACA
incassia oral tablet 0.35 mg	1	ACA
jencycla oral tablet 0.35 mg	1	ACA
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	ACA
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 21 days)
lyza oral tablet 0.35 mg	1	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	1	ACA; QL (1 per 68 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	1	ACA; QL (1 per 68 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
meleya oral tablet 0.35 mg	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	3	Preferred alternatives (estradiol); QL (4 per 21 days)
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	1	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	1	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	2	ACA; OTC
orquidea oral tablet 0.35 mg	1	ACA
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	2	
progesterone intramuscular oil 50 mg/ml	4	PA
progesterone micronized oral capsule 100 mg, 200 mg	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (***progesterone, micronized***)	3	Preferred alternatives (progesterone)
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (***medroxyprogesterone acetate***)	3	Preferred alternatives (medroxyprogesterone acetate)
sharobel oral tablet 0.35 mg	1	ACA
tulana oral tablet 0.35 mg	1	ACA
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	3	Preferred alternatives (drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane); ACA; QL (1 per 274 days)
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	3	
CLEOCIN VAGINAL CREAM 2 % (***clindamycin phosphate***)	3	Preferred alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	3	Preferred alternatives (clindamycin phosphate, metronidazole, XACIATO)
clindamycin phosphate vaginal cream 2 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***)	3	Preferred alternatives (clindamycin phosphate, metronidazole, XACIATO)
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	ACA
fem ph vaginal gel 0.9-0.025 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	3	Preferred alternatives (terconazole)
haloette vaginal ring 0.12-0.015 mg/24 hr	1	ACA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***)	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	4	ACA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	ACA
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***)	3	Preferred alternatives (metronidazole, clindamycin phosphate, XACIATO)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	2	PA
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	3	Preferred alternatives (estradiol, estradiol, yuvafem, PREMARIN)
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	3	Preferred alternatives (fem ph)
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tranexamic acid oral tablet 650 mg	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline sulfate/sodium lauryl sulfate***)	2	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	2	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	2	ACA; OTC
VEOZAH ORAL TABLET 45 MG (***fezolinetant***)	3	Preferred alternatives (estradiol, estradiol, paroxetine mesylate)
XACIATO VAGINAL GEL 2 % (***clindamycin phosphate***)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	ACA
after pill oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	3	ACA; OTC; QL (1 per 30 days)
altavera (28) oral tablet 0.15-0.03 mg	1	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
amethyst (28) oral tablet 90-20 mcg (28)	1	ACA
apri oral tablet 0.15-0.03 mg	1	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
aubra eq oral tablet 0.1-20 mg-mcg	1	ACA
aubra oral tablet 0.1-20 mg-mcg	1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
aviane oral tablet 0.1-20 mg-mcg	1	ACA
ayuna oral tablet 0.15-0.03 mg	1	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
balziva (28) oral tablet 0.4-35 mg-mcg	1	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (***drospirenone/ethinyl estradiol/levomefolate calcium***)	3	Preferred alternatives (drospirenone-eth estra-levomef); ACA
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
briellyn oral tablet 0.4-35 mg-mcg	1	ACA
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	1	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	1	ACA
cyred eq oral tablet 0.15-0.03 mg	1	ACA
cyred oral tablet 0.15-0.03 mg	1	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
dolishale oral tablet 90-20 mcg (28)	1	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA
econtra ez oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
econtra one-step oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
elinest oral tablet 0.3-30 mg-mcg	1	ACA
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	2	ACA; QL (1 per 30 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
enskyce oral tablet 0.15-0.03 mg	1	ACA
estarylla oral tablet 0.25-0.035 mg	1	ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	1	ACA
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
hailey oral tablet 1.5-30 mg-mcg	1	ACA
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
isibloom oral tablet 0.15-0.03 mg	1	ACA
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
jasmiel (28) oral tablet 3-0.02 mg	1	ACA
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
juleber oral tablet 0.15-0.03 mg	1	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
kalliga oral tablet 0.15-0.03 mg	1	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	1	ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
lessina oral tablet 0.1-20 mg-mcg	1	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA

Prescription Drug Name	Drug Tier	Requirements and Limits
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
levonorgestrel oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
levora-28 oral tablet 0.15-0.03 mg	1	ACA
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
loryna (28) oral tablet 3-0.02 mg	1	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	1	ACA
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
mili oral tablet 0.25-0.035 mg	1	ACA
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
mono-linyah oral tablet 0.25-0.035 mg	1	ACA
my choice oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
my way oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
new day oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
nikki (28) oral tablet 3-0.02 mg	1	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
ocella oral tablet 3-0.03 mg	1	ACA
opcicon one-step oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
option-2 oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
philith oral tablet 0.4-35 mg-mcg	1	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	2	ACA; OTC; QL (1 per 30 days)
portia 28 oral tablet 0.15-0.03 mg	1	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	1	ACA
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
sprintec (28) oral tablet 0.25-0.035 mg	1	ACA
sronyx oral tablet 0.1-20 mg-mcg	1	ACA
syeda oral tablet 3-0.03 mg	1	ACA
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	3	ACA; OTC; QL (1 per 30 days)
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
turqoz (28) oral tablet 0.3-30 mg-mcg	1	ACA
valtya oral tablet 1-50 mg-mcg	1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
vestura (28) oral tablet 3-0.02 mg	1	ACA
vienva oral tablet 0.1-20 mg-mcg	1	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA
vylibra oral tablet 0.25-0.035 mg	1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
YAZ (28) ORAL TABLET 3-0.02 MG (***ethinyl estradiol/drospirenone***)	3	Preferred alternatives (drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura); ACA
zarah oral tablet 3-0.03 mg	1	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	ACA
zumandimine (28) oral tablet 3-0.03 mg	1	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***)	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML (***moxifloxacin hcl in balanced salt solution no.2/pf***)	3	PA
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML (***moxifloxacin hcl in sodium chloride,iso-osmotic/pf***)	3	PA
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML (***moxifloxacin hcl in sodium chloride,iso-osmotic/pf***)	3	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (***ofloxacin***)	3	Preferred alternatives (ofloxacin)
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
povidone-iodine ophthalmic (eye) solution 5 %	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 % (***tobramycin sulfate/vancomycin hcl***)	3	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	3	Preferred alternatives (tobramycin sulfate)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (***moxifloxacin hcl***)	3	Preferred alternatives (moxifloxacin hcl)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	3	Preferred alternatives (trifluridine)
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	3	Preferred alternatives (betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate)
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
timolol ophthalmic (eye) drops 0.5 %	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	4	PA
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 % (***atropine sulfate***)	3	
atropine ophthalmic (eye) drops 1 %	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % (***cyclopentolate hcl***)	3	Preferred alternatives (cyclopentolate hcl)
cyclopentolate ophthalmic (eye) drops 1 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 % (***cyclopentolate/tropicamide/phenylephrine/ketorolac in water***)	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %-0.4 % (***cyclopent/tropicamide/proparacaine/phenyl/ketorolac in water***)	3	
homatropaire ophthalmic (eye) drops 5 %	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (***phenylephrine hcl/tropicamide***)	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % (***tropicamide***)	3	Preferred alternatives (tropicamide)
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML) (***acetylcholine chloride***)	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine hcl/pf***)	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (***proparacaine hcl***)	3	Preferred alternatives (proparacaine hcl)
altacaine ophthalmic (eye) drops 0.5 %	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	3	
azelastine ophthalmic (eye) drops 0.05 %	1	
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	4	PA; Preferred alternatives (PAVBLU); LA
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.25 MG/0.09 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML (***bevacizumab***)	3	PA
bimatoprost base of the eyelashes drops with applicator 0.03 %	1	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	3	PA; Preferred alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	4	PA; LA
cromolyn ophthalmic (eye) drops 4 %	1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	4	PA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML (***dexamethasone sod ph/moxifloxacin hcl/ketorolac/sod chlor/pf***)	3	PA
ENCELTO INTRAVITREAL IMPLANT 200,000 TO 440,000 CELL (***revakinagene taroretcel-lwey***)	4	PA
epinastine ophthalmic (eye) drops 0.05 %	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 % (***benoxinate hcl/fluorescein sodium***)	3	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (***chloroprocaine hcl/pf***)	3	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***)	3	
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR 0.03 % (***bimatoprost***)	3	
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL) (***voretigene neparvovec-rzyl***)	4	PA; LA
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	2	
MOXIFLOXACIN-BROMFENAC OPHTHALMIC (EYE) DROPS 0.5-0.075 % (***moxifloxacin hcl/bromfenac sodium***)	3	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	3	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 % (***phenylephrine hcl/ketorolac tromethamine***)	3	PA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	4	PA; LA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	4	PA; LA
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***)	3	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 % (***prednisolone acetate/bromfenac sodium***)	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 % (***prednisolone acetate/nepafenac***)	3	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 % (***prednisolone acetate/moxifloxacin hcl/nepafenac***)	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % (***prednisolone acetate/moxifloxacin hcl/bromfenac sodium***)	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS 1-0.5-0.5 % (***prednisolone sodium phosphate/moxifloxacin hcl/ketorolac***)	3	
proparacaine ophthalmic (eye) drops 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	2	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	3	PA; Preferred alternatives (cyclosporine); QL (60 per 30 days)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl/pf***)	3	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (***acoltremon***)	3	Preferred alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)

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Prescription Drug Name	Drug Tier	Requirements and Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	3	Preferred alternatives (cyclosporine, RESTASIS MULTIDOSE, XIIDRA)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (***cyclosporine***)	3	PA; Preferred alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	2	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (***cetirizine hcl***)	3	Preferred alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (***ketorolac tromethamine***)	3	Preferred alternatives (ketorolac tromethamine)
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (***ketorolac tromethamine***)	3	Preferred alternatives (ketorolac tromethamine)
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	3	Preferred alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (***bromfenac sodium***)	3	Preferred alternatives (bromfenac sodium)
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.03 %	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 % (***brimonidine tartrate/dorzolamide hcl/pf***)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 % (***brimonidine tartrate/dorzolamide hcl***)	3	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (***brimonidine tartrate/timolol maleate***)	3	Preferred alternatives (brimonidine tartrate-timolol)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % (***dorzolamide hcl/pf***)	3	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	
miostat intraocular solution 0.01 %	1	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	3	Preferred alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	3	Preferred alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	3	Preferred alternatives (brimonidine tartrate, brinzolamide, dorzolamide-timolol)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 % (***timolol mal/brimonidine tart/dorzolamide hcl/bimatoprost/pf***)	3	
TIMOLOL-BIMATOPROST OPHTHALMIC (EYE) DROPS 0.5-0.01 % (***timolol maleate/bimatoprost***)	3	
TIMOLOL-BRIMON-DORZOL-BIMATOP OPHTHALMIC (EYE) DROPS 0.5-0.1-2-0.01 % (***timolol maleate/brimonidine tart/dorzolamide hcl/bimatoprost***)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 % (***timolol maleate/brimonidine tartrate/dorzolamide hcl/pf***)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS 0.5-0.1-2 % (***timolol maleate/brimonidine tartrate/dorzolamide hcl***)	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 % (***timolol maleate/dorzolamide hcl/bimatoprost/pf***)	3	
travoprost ophthalmic (eye) drops 0.004 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML (***dexamethasone sod ph/moxifloxacin hcl in nacl,iso-osmotic/pf***)	3	PA
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (***neomycin/polymyxin b sulfate/dexamethasone***)	3	Preferred alternatives (neo/polymyxin/dexamethasone)
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % (***neomycin/polymyxin b sulfate/dexamethasone***)	3	Preferred alternatives (neo/polymyxin/dexamethasone)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 % (***prednisolone sodium phosphate/moxifloxacin hcl***)	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % (***prednisolone acetate/moxifloxacin hcl***)	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	3	Preferred alternatives (tobramycin-dexamethasone)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***)	3	
difluprednate ophthalmic (eye) drops 0.05 %	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	2	PA
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone***)	3	Preferred alternatives (fluorometholone)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (***fluocinolone acetonide***)	4	PA; Preferred alternatives (OZURDEX); LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***)	3	Preferred alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (***loteprednol etabonate***)	3	Preferred alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	3	Preferred alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***)	3	Preferred alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***prednisolone acetate***)	3	Preferred alternatives (prednisolone acetate)
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***prednisolone acetate/pf***)	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (***fluocinolone acetonide***)	4	PA; LA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (***fluocinolone acetonide***)	4	PA; Preferred alternatives (OZURDEX); LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (***brimonidine tartrate***)	3	Preferred alternatives (brimonidine tartrate)
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	3	Preferred alternatives (brimonidine tartrate)
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
carbzah oral liquid 4 mg/5 ml	1	
cetirizine oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET 5 MG (***desloratadine***)	3	Preferred alternatives (desloratadine); QL (30 per 30 days)
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL (30 per 30 days)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (30 per 30 days)
dexchlorpheniramine maleate oral solution 2 mg/5 ml	1	PA
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (***diphenhydramine hcl***)	3	
diphenhydramine hcl injection solution 50 mg/ml	1	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (***epinephrine***)	2	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (***epinephrine***)	2	QL (4 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	1	PA
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	QL (30 per 30 days)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (***epinephrine***)	2	
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML (***dexchlorpheniramine maleate***)	3	Preferred alternatives (dexchlorpheniramine maleate)
RYVENT ORAL TABLET 6 MG (***carbinoxamine maleate***)	3	Preferred alternatives (carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride)
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan***)	3	Preferred alternatives (bromipheniramin-pseudoephed-dm)
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	3	Preferred alternatives (desloratadine, fexofenadine-pse er); QL (60 per 30 days)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (***codeine phosphate/guaifenesin***)	3	Preferred alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (***pseudoephedrine hcl/codeine phosphate/guaifenesin***)	3	Preferred alternatives (guaifenesin dac, VIRTUSSIN DAC)
g tussin ac oral liquid 10-100 mg/5 ml	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (***triprolidine hcl/phenylephrine hcl/codeine phosphate***)	3	Preferred alternatives (promethazine vc w/codeine)
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML (***hydrocodone bitartrate/homatropine methylbromide***)	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG (***hydrocodone bitartrate/homatropine methylbromide***)	3	Preferred alternatives (hydrocodone/homatropine)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5 ml	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (***codeine phosphate/guaifenesin***)	3	Preferred alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/codeine phosphate***)	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (***codeine phosphate/guaifenesin***)	3	Preferred alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (***brompheniramine maleate/phenylephrine hcl/codeine phosphate***)	3	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***)	3	
PULMONARY AGENTS		

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Prescription Drug Name	Drug Tier	Requirements and Limits
ACCOLATE ORAL TABLET 10 MG, 20 MG (***zafirlukast***)	3	Preferred alternatives (zafirlukast)
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	4	PA; LA
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER,120 INH 115-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	2	QL (12 per 30 days)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER,120 INH 230-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	2	QL (12 per 30 days)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER,120 INH 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	2	QL (12 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	2	QL (8 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	2	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (17 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***)	4	PA; LA
alyq oral tablet 20 mg	4	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	4	PA; LA
ANORO ELLIPTA 62.5-25 MCG INH 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	2	QL (14 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	2	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	2	QL (1 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	3	Preferred alternatives (budesonide-formoterol fumarate, tiotropium bromide, ANORO ELLIPTA, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT); QL (26 per 30 days)
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	1	ST; QL (23 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA
bosentan oral tablet for suspension 32 mg	4	PA; LA
BREO ELLIPTA 100-25 MCG INHALR 100-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	2	QL (28 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	2	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (11 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	2	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	4	PA; Preferred alternatives (nebusal, pulmosal, sodium chloride); LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (***arformoterol tartrate***)	3	Preferred alternatives (arformoterol tartrate); QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (11 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***)	4	PA; LA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	2	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
DULERA 200 MCG-5 MCG INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	2	QL (13 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	2	QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	2	QL (9 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***)	4	PA; LA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	ST; QL (50 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***)	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (***sodium chloride for inhalation***)	3	Preferred alternatives (sodium chloride)
icatibant subcutaneous syringe 30 mg/3 ml	4	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	QL (540 per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	4	PA; Preferred alternatives (icatibant); LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***)	4	PA; LA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	4	PA; LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	ST; QL (17 per 30 days)
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	4	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (***mepolizumab***)	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (***mepolizumab***)	4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	4	PA; LA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (***macitentan/tadalafil***)	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	4	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	4	PA; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	4	PA; Preferred alternatives (HAEGARDA, TAKHZYRO)
pirfenidone oral capsule 267 mg	4	PA; LA
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
pulmosal inhalation solution for nebulization 7 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	2	
REVATIO ORAL TABLET 20 MG (***sildenafil citrate***)	4	PA; Preferred alternatives (sildenafil citrate); QL (90 per 30 days)
roflumilast oral tablet 250 mcg, 500 mcg	1	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***)	4	PA; LA
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY (***olopatadine hcl/mometasone furoate***)	3	ST; Preferred alternatives (azelastine hcl, azelastine-fluticasone, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl)
sajazir subcutaneous syringe 30 mg/3 ml	4	PA; LA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL (90 per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG (***mometasone furoate***)	4	PA
sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	3	Preferred alternatives (tiotropium bromide); QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	2	
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION (***budesonide/formoterol fumarate***)	3	PA; Preferred alternatives (breyna, budesonide-formoterol fumarate); QL (11 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION (***budesonide/formoterol fumarate***)	3	PA; Preferred alternatives (breyna, budesonide-formoterol fumarate); QL (11 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION (***budesonide/formoterol fumarate***)	3	PA; Preferred alternatives (breyna, budesonide-formoterol fumarate); QL (6 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION (***budesonide/formoterol fumarate***)	3	PA; Preferred alternatives (breyna, budesonide-formoterol fumarate); QL (7 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	4	PA; LA
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	4	PA; LA
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	PA
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	4	PA; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	4	PA; LA
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	3	Preferred alternatives (theophylline anhydrous)
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (***bosentan***)	4	PA; Preferred alternatives (bosentan); LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	4	PA; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	4	PA; LA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	4	PA; Preferred alternatives (TYVASO); LA
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (***sotatercept-csrk***)	4	PA; LA
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	2	ST
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	4	PA; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	4	PA; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	4	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***)	2	
zafirlukast oral tablet 10 mg, 20 mg	1	
ZYFLO ORAL TABLET 600 MG (***zileuton***)	3	Preferred alternatives (montelukast sodium, zafirlukast)
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER2GO SPACER (***inhaler, assist devices***)	2	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	2	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	2	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	2	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	2	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	2	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	2	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	2	
MICROCHAMBER SPACER (***inhaler, assist devices***)	2	
MICROSPACER SPACER (***inhaler, assist devices***)	2	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	2	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	2	
PRIMEAIRE SPACER (***inhaler, assist devices***)	2	
PROCHAMBER SPACER (***inhaler, assist devices***)	2	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	2	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	2	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG (***vibegron***)	3	Preferred alternatives (mirabegron er, MYRBETRIQ)

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Prescription Drug Name	Drug Tier	Requirements and Limits
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	2	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	3	Preferred alternatives (fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ); QL (8 per 21 days)
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral capsule,extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG (***tamsulosin hcl***)	3	Preferred alternatives (tamsulosin hcl)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (***dutasteride/tamsulosin hcl***)	3	Preferred alternatives (dutasteride-tamsulosin)
PROSCAR ORAL TABLET 5 MG (***finasteride***)	3	Preferred alternatives (finasteride)
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 10 mg, 20 mg, 5 mg	1	PA; QL (8 per 30 days)
tadalafil oral tablet 2.5 mg	1	PA; QL (30 per 30 days)
tamsulosin oral capsule 0.4 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	QL (8 per 30 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***)	2	PA; QL (12 per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***)	2	PA; QL (12 per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***)	2	PA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	4	PA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***)	3	PA; Preferred alternatives (CAVERJECT, CAVERJECT); QL (12 per 30 days)
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	2	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (***papaverine hcl/phentolamine mesylate in water***)	3	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	3	Preferred alternatives (phospha 250 neutral, K-PHOS ORIGINAL)
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	2	
mb caps oral capsule 120-10.8-40.8 mg	1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	3	Preferred alternatives (oral citrate)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***)	4	PA
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***)	2	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1	PA; QL (8 per 30 days)
sodium citrate-citric acid oral solution 490-640 mg/5 ml	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (***avanafil***)	3	Preferred alternatives (avanafil); QL (8 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine hcl/phentolamine mesylate/alprostadil***)	3	PA
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	3	Preferred alternatives (phosphasal, uretron d-s)
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	3	
urimar-t oral tablet 120-10.8-0.12 mg	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (***potassium citrate***)	3	Preferred alternatives (potassium citrate er)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (***potassium citrate***)	3	Preferred alternatives (potassium citrate er)
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	
uro-mp oral capsule 118-10-40.8-36 mg	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	3	Preferred alternatives (methenamine mandelate)
uro-sp oral capsule 118-10-40.8-36 mg	1	
uryl oral tablet 81.6-40.8-0.12 mg	1	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	PA; QL (8 per 30 days)
vardenafil oral tablet,disintegrating 10 mg	1	PA; QL (8 per 30 days)
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	3	
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	3	Preferred alternatives (effer-k, klor-con-ef)
effer-k oral tablet, effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con/ef oral tablet, effervescent 25 meq	1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	2	
lugols oral solution 5 %	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ (***potassium chloride***)	3	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (***sevelamer carbonate***)	3	
RENVELA ORAL TABLET 800 MG (***sevelamer carbonate***)	3	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder 15 gram	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
strong iodine oral solution 5 %	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	2	PA
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG (***ferric maltol***)	3	Preferred alternatives (ferrous fumarate, ferrous gluconate)
b complex 1 (with folic acid) oral tablet 0.4 mg	1	ACA; OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	1	ACA; OTC
balanced b-100 oral tablet 0.4 mg	1	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	
b-complex with vitamin c oral tablet 400-500 mcg-mg	1	ACA; OTC
cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)	1	OTC
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	1	OTC
classic prenatal oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG (***mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa***)	3	Preferred alternatives (taron-c dha, VIRT-C DHA)
CONCEPT OB ORAL CAPSULE 85-1 MG (***mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid***)	3	Preferred alternatives (folivane-ob)
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	PA
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	1	
dialyvite 800 oral tablet 0.8 mg	1	ACA; OTC
dodex injection solution 1,000 mcg/ml	1	PA
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (***multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FA-8 ORAL CAPSULE 0.8 MG (***folic acid***)	3	ACA; OTC
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (***sodium fluoride/cholecalciferol (vitamin d3)***)	3	OTC
flotrex oral tablet,chewable 0.25 mg, 0.5 mg	1	ACA; OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; OTC
folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg	1	OTC
folivane-ob oral capsule 85-1 mg	1	
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	1	ACA; OTC
full spectrum b-vitamin c oral tablet 0.8 mg	1	ACA; OTC
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	PA
ICAR ORAL SUSPENSION 15 MG/1.25 ML (***iron,carbonyl***)	2	OTC
kobee oral tablet 0.4 mg	1	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (***prenatal vitamins no.108/iron,carbonyl/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (***prenatal vits with calcium no.65/iron polysacchar/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG (***mecobalamin***)	3	
m-natal plus oral tablet 27 mg iron- 1 mg	1	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	ACA; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride	1	ACA; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY (***cyanocobalamin (vitamin b-12)***)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG (***multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NEONATAL COMPLETE ORAL TABLET 29-1 MG (***prenatal vitamins no.175/ferrous fumarate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (***iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid***)	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (***prenatal vit no.175/iron fum/folic acid/dha/schiz. algal oil***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
neo-vital rx oral tablet 27 mg iron- 1 mg	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (***prenatal vitamins no.86/iron ps complex/folic acid/dha/epa***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (***prenatal vits with calcium no.87/iron bisgly/folic acid/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NESTABS ONE ORAL CAPSULE 38-1-225 MG (***multivit 42/iron b-g che,carbonyl/methyltetrahydrofolate/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NESTABS ORAL TABLET 32-1,000 MG-MCG (***prenatal vitamins no.86/iron bis-glycinate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
newgen oral tablet 32-1,000 mg-mcg	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (***prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)

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Prescription Drug Name	Drug Tier	Requirements and Limits
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (***prenatal 56/iron carbonyl,asparto glycinate/folic acid/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (***prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
one daily prenatal oral combo pack 28-800-440 mg-mcg-mg	1	ACA; OTC
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	2	OTC
prenatal complete oral tablet 14 mg iron- 400 mcg	1	ACA; OTC
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	1	OTC
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal one daily oral tablet 27 mg iron- 800 mcg	1	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	3	ACA; OTC
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
prenatal plus oral tablet 29 mg iron- 1 mg	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	1	ACA; OTC
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal-u oral capsule 106.5-1 mg	1	
PRENATE AM ORAL TABLET 1-500 MG (***multivit no.38/methyltetrahydfolate glucos,folic acid/ginger***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (***multivitamin no.36/methyltetrahydrofolate gluc,folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (***prenatal vitamins no.78/iron asparto glycin/folate no.1/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (***prenatal vits no.114/ferrous aspart glycinate/folate no.1***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (***prenatal vitamins no.68/iron fumarate/folate no.6/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (***multivitamin no.40/iron asparto glycinate/folate no.1/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (***prenatal vits no.87/iron asp.glycinate,carb/folate no.1/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (***prenatal vitamins no.85/iron asparto glycin/folate no.1/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (***prenatal vitamins no.69/iron fumarate/folate no.6/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (***prenatal vitamins no.77/ferrous asparto glycinate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
PRIMACARE ORAL CAPSULE 30-1-300 MG (***prenatal vits no.118/iron asparto glycinate/folate no.6/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/ferrous fumarate,iron polysac/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
purevita folic acid oral tablet 400 mcg	1	ACA; OTC
rena-vite oral tablet 0.8 mg	1	ACA; OTC
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (***prenatal vitamins no.66/iron,carbonyl/folic acid/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits no.128/iron polysaccharide complex/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (***prenatal vitamins no.33/iron polysach complex/folic acid/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.13/iron polysaccharides/folate no.1***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	1	
se-natal 19 oral tablet 29 mg iron- 1 mg	1	
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	ACA; OTC
soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA; OTC
stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron	1	ACA; OTC
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	1	ACA; OTC
super b-50 complex oral capsule 400 mcg-20 mg- 50 mg	1	ACA; OTC
super quints oral tablet 0.4 mg	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
taron-c dha oral capsule 35-1-200 mg	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
tricon oral capsule 110-0.5 mg	1	OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (***ferric pyrophosphate citrate***)	3	PA
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (***ferric pyrophosphate citrate***)	3	PA
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (***prenatal vitamins no.93/iron carbonyl/folate no.9/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.67/iron polysaccharides/folate no.1/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL-OB ORAL TABLET 65-1 MG (***prenatal vits with calcium no.10/ferrous fumarate/folic acid***)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (***prenatal vits with calcium no.10/ferrous fum/folic acid/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vits no.26/iron polysaccharide cplex/folic acid/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG - 200 MG (***prenatal vitamins no.25/ferrous fumarate/folate no.6/dha***)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
vitamin b complex-folic acid oral tablet 0.4 mg	1	ACA; OTC
vitamin d3 oral tablet 10 mcg (400 unit)	1	OTC
vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	1	OTC
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA; OTC
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg	1	
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	1	
westab plus oral tablet 27 mg iron- 1 mg	1	
westgel dha oral capsule 31 mg iron- 1 mg-200 mg	1	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus oral capsule 28-1-300 mg	1	
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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