FORMULARY

LIST OF COVERED DRUGS

VIVA HEALTH®

This formulary was updated on 7/1/2026. If you have question or need additional information, please contact VIVA HEALTH at 1-800-294 7780, Monday - Friday, 8 a.m. - 5 p.m.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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List of Abbreviations

FE: Formulary Exclusion. Requires exception for approval.

NPB: Non-Preferred Brand.

NPG: Non-Preferred Generic - If your plan has one tier for generics, the copay will be the same for preferred and non-preferred generic medications.

NPS: Non-Preferred Specialty - If your plan has one tier for specialty, the coinsurance will be the same for preferred and non-preferred specialty medications.

PB: Preferred Brand.

PG: Preferred Generic - If your plan has one tier for generics, the copay will be the same for the preferred and non-preferred generic medications.

PS: Preferred Specialty - If your plan has one tier for specialty, the coinsurance will be the same for preferred and non-preferred specialty medications.

ACA: Affordable Care Act.

F: Fertility Drug. If your plan covers fertility drugs, this drug may be covered.

I: Impotency Drug. If your plan covers drugs to treat impotency, this drug may be covered.

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

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

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

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

T: Testosterone Drug. If your plan covers select testosterone drugs, this drug may be covered.

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

List of Patterns

lowercase: Generic drugs

UPPERCASE: Brand name drugs

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTI - INFECTIVES			
ANTIFUNGAL AGENTS			
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	NPB		amphotericin b liposome
amphotericin b injection recon soln 50 mg	PG		
amphotericin b liposome intravenous suspension for reconstitution 50 mg	PG		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	NPB	PA	flucytosine
caspofungin intravenous recon soln 50 mg, 70 mg	PG		
clotrimazole mucous membrane troche 10 mg	PG		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	PB	PA	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	PB	PA	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	NPB		fluconazole
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	PB		
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	PG	PA	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	PG		
fluconazole oral tablet 100 mg, 200 mg, 50 mg	PG		
fluconazole oral tablet 150 mg	PG	QL	
flucytosine oral capsule 250 mg, 500 mg	PG	PA	
griseofulvin microsize oral suspension 125 mg/5 ml	PG		
griseofulvin microsize oral tablet 500 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	PG		
itraconazole oral capsule 100 mg	PG	QL	
itraconazole oral solution 10 mg/ml	PG	QL	
ketoconazole oral tablet 200 mg	PG		
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML	NPB		
micafungin intravenous recon soln 100 mg, 50 mg	PG		
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	NPB	PA	posaconazole
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	PB	PA	
nystatin oral suspension 100,000 unit/ml	PG		
nystatin oral tablet 500,000 unit	PG		
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	NPB		nystatin, clotrimazole
posaconazole intravenous solution 300 mg/16.7 ml	PG	PA	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	PG	PA	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	PG	PA	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	NPB		
SPORANOX ORAL CAPSULE 100 MG	NPB	QL	itraconazole
terbinafine hcl oral tablet 250 mg	PG		
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	FE		itraconazole
VFEND IV INTRAVENOUS RECON SOLN 200 MG	NPB	PA	voriconazole
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	NPB	PA	voriconazole

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIVJOA ORAL CAPSULE 150 MG	NPS	PA; QL	fluconazole
voriconazole intravenous recon soln 200 mg	PG	PA	
VORICONAZOLE INTRAVENOUS SOLUTION 10 MG/ML	NPB	PA	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	PG	PA	
voriconazole oral tablet 200 mg, 50 mg	PG	PA	
voriconazole-hpbcd intravenous recon soln 200 mg	PG	PA	
ANTIVIRALS			
abacavir oral solution 20 mg/ml	PG		
abacavir oral tablet 300 mg	PG		
abacavir-lamivudine oral tablet 600-300 mg	PG		
ACYCLOVIR IN 0.9 % SODIUM CHLR INTRAVENOUS PIGGYBACK 200 MG/100 ML	NPB		
acyclovir oral capsule 200 mg	PG		
acyclovir oral suspension 200 mg/5 ml	PG		
acyclovir oral tablet 400 mg, 800 mg	PG		
acyclovir sodium intravenous solution 50 mg/ml	PG		
adefovir oral tablet 10 mg	PG		
amantadine hcl oral capsule 100 mg	PG		
amantadine hcl oral solution 50 mg/5 ml	PG		
amantadine hcl oral tablet 100 mg	PG		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	PS	ACA	
APTIVUS ORAL CAPSULE 250 MG	PB		
atazanavir oral capsule 150 mg, 200 mg, 300 mg	PG		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	FE		entecavir
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	PB	ACA	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	PB		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	PS	PA; QL	
cidofovir intravenous solution 75 mg/ml	PG		
CIMDUO ORAL TABLET 300-300 MG	PB		
COMPLERA ORAL TABLET 200-25-300 MG	FE		emtricitabine-rilpivirne-tenof
darunavir oral tablet 600 mg, 800 mg	PG		
DELSTRIGO ORAL TABLET 100-300-300 MG	PB		
DESCOVY ORAL TABLET 120-15 MG	PB		
DESCOVY ORAL TABLET 200-25 MG	PB	ACA	
DOVATO ORAL TABLET 50-300 MG	PB		
EDURANT ORAL TABLET 25 MG	NPB		rilpivirine
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	PB		
efavirenz oral tablet 600 mg	PG		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	PG		
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	PG		
emtricitabine oral capsule 200 mg	PG		
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	PG		
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	PG		
EMTRIVA ORAL CAPSULE 200 MG	NPB		emtricitabine
EMTRIVA ORAL SOLUTION 10 MG/ML	PB		
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	PB	ACA	
entecavir oral tablet 0.5 mg, 1 mg	PG		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	PS	PA; QL; LA	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	PS	PA; QL; LA	
EPIVIR ORAL SOLUTION 10 MG/ML	NPB		lamivudine
EPIVIR ORAL TABLET 150 MG, 300 MG	NPB		lamivudine
etravirine oral tablet 100 mg, 200 mg	PG		
EVOTAZ ORAL TABLET 300-150 MG	NPB		atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PG	QL	
FLUMADINE ORAL TABLET 100 MG	NPB		rimantadine hcl
fosamprenavir oral tablet 700 mg	PG		
foscarnet intravenous solution 24 mg/ml	PG		
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	NPB		
ganciclovir sodium intravenous recon soln 500 mg	PG		
ganciclovir sodium intravenous solution 50 mg/ml	PG		
GENVOYA ORAL TABLET 150-150-200-10 MG	PB		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	PS	PA; QL; LA	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IDVYNSO ORAL TABLET 100-0.25 MG	FE		
INTELENCE ORAL TABLET 100 MG, 200 MG	NPB		etravirine
INTELENCE ORAL TABLET 25 MG	PB		
ISENTRESS HD ORAL TABLET 600 MG	PB		
ISENTRESS ORAL POWDER IN PACKET 100 MG	PB		
ISENTRESS ORAL TABLET 400 MG	PB		
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	PB		
JULUCA ORAL TABLET 50-25 MG	PB		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	NPB		lopinavir-ritonavir
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	NPB		lopinavir-ritonavir
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	PB	QL	
lamivudine oral solution 10 mg/ml	PG		
lamivudine oral tablet 100 mg, 150 mg, 300 mg	PG		
lamivudine-zidovudine oral tablet 150-300 mg	PG		
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	FE		HARVONI
LIVTENCITY ORAL TABLET 200 MG	NPB	PA; QL	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	PG		
maraviroc oral tablet 150 mg, 300 mg	PG		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	FE		EPCLUSA, HARVONI, VOSEVI, ZEPATIER
MAVYRET ORAL TABLET 100-40 MG	FE		EPCLUSA, HARVONI, VOSEVI, ZEPATIER
nevirapine oral suspension 50 mg/5 ml	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
nevirapine oral tablet 200 mg	PG		
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	PG		
NORVIR ORAL POWDER IN PACKET 100 MG	PB		
NORVIR ORAL TABLET 100 MG	NPB		ritonavir
ODEFSEY ORAL TABLET 200-25-25 MG	PB		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	PG	QL	
oseltamivir oral suspension for reconstitution 6 mg/ml	PG	QL	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	PB	QL	
PIFELTRO ORAL TABLET 100 MG	PB		
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	PB		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	PB	QL	
PREVYMIS ORAL TABLET 240 MG, 480 MG	PB	QL	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	FE		atazanavir sulfate, darunavir, fosamprenavir calcium, lopinavir-ritonavir, ritonavir, PREZISTA
PREZISTA ORAL SUSPENSION 100 MG/ML	PB		
PREZISTA ORAL TABLET 150 MG, 75 MG	PB		
PREZISTA ORAL TABLET 600 MG, 800 MG	NPB		darunavir
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	NPB	QL	oseltamivir phosphate
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	PB		
RETROVIR ORAL CAPSULE 100 MG	NPB		zidovudine
RETROVIR ORAL SYRUP 10 MG/ML	NPB		zidovudine
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NPB		atazanavir sulfate
REYATAZ ORAL POWDER IN PACKET 50 MG	PB		
ribavirin inhalation recon soln 6 gram	PG		
ribavirin oral capsule 200 mg	PS	ST; LA	
ribavirin oral tablet 200 mg	PS	ST; LA	
rilpivirine hcl oral tablet 25 mg	PG		
rimantadine oral tablet 100 mg	PG		
ritonavir oral tablet 100 mg	PG		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	FE		
SELZENTRY ORAL SOLUTION 20 MG/ML	PB		
SELZENTRY ORAL TABLET 150 MG, 300 MG	NPB		maraviroc
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	FE		EPCLUSA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	FE		EPCLUSA, VOSEVI
SOVALDI ORAL TABLET 200 MG, 400 MG	FE		EPCLUSA, VOSEVI
STRIBILD ORAL TABLET 150-150-200-300 MG	FE		BIKTARVY, GENVOYA
SUNLENCA ORAL TABLET 300 MG	NPS	PA	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	NPS	PA	
SYMFI ORAL TABLET 600-300-300 MG	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYMTUZA ORAL TABLET 800-150-200-10 MG	PB		
TAMIFLU ORAL CAPSULE 75 MG	NPB	QL	oseltamivir phosphate
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	NPB	QL	oseltamivir phosphate
TEMBEXA ORAL SUSPENSION 10 MG/ML	NPB		
TEMBEXA ORAL TABLET 100 MG	NPB		
tenofovir disoproxil fumarate oral tablet 300 mg	PG		
TIVICAY ORAL TABLET 50 MG	PB		
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	PB		
TRIUMEQ ORAL TABLET 600-50-300 MG	PB		
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	PB		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	PS	PA	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	FE		emtricitabine-tenofovir disop
valacyclovir oral tablet 1 gram, 500 mg	PG	QL	
VALCYTE ORAL RECON SOLN 50 MG/ML	NPB		valganciclovir hcl
valganciclovir oral recon soln 50 mg/ml	PG		
valganciclovir oral tablet 450 mg	PG		
VALTREX ORAL TABLET 1 GRAM, 500 MG	FE		valacyclovir
VEKLURY INTRAVENOUS RECON SOLN 100 MG	PB	PA	
VEMLIDY ORAL TABLET 25 MG	PB		
VIRACEPT ORAL TABLET 250 MG, 625 MG	PB		
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB		
VIREAD ORAL TABLET 300 MG	NPB		tenofovir disoproxil fumarate
VOSEVI ORAL TABLET 400-100-100 MG	PS	PA; QL; LA	
XOFLUZA ORAL TABLET 40 MG, 80 MG	NPB	QL	oseltamivir phosphate
YEZTUGO ORAL TABLET 300 MG	PS	ACA	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	PS	ACA	
ZEPATIER ORAL TABLET 50-100 MG	PS	PA; QL; LA	
ZIAGEN ORAL SOLUTION 20 MG/ML	NPB		abacavir
zidovudine oral capsule 100 mg	PG		
zidovudine oral syrup 10 mg/ml	PG		
zidovudine oral tablet 300 mg	PG		
CEPHALOSPORINS			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	PB	ST	
cefaclor oral capsule 250 mg, 500 mg	PG		
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	PG		
cefaclor oral tablet extended release 12 hr 500 mg	PG		
cefadroxil oral capsule 500 mg	PG		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	PG		
cefadroxil oral tablet 1 gram	PG		
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 2 GRAM/100 ML	NPB	ST	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	NPB	ST	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	PG	ST	
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml	PG	ST	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML	NPB	ST	
cefazolin injection recon soln 1 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg	PG	ST	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	NPB	ST	
cefazolin intravenous recon soln 1 gram, 10 gram	PG	ST	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	NPB	ST	
cefdinir oral capsule 300 mg	PG		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	NPB	ST	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	PG	ST	
cefepime injection recon soln 1 gram, 2 gram	PG	ST	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	NPB	ST	
cefixime oral capsule 400 mg	PG		
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	PG		
cefixime oral tablet 400 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	NPB	ST	
cefotaxime injection recon soln 1 gram, 2 gram	PG	ST	
cefotetan injection recon soln 1 gram, 2 gram	PG	ST	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	PG	ST	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	PG		
cefpodoxime oral tablet 100 mg, 200 mg	PG		
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
cefprozil oral tablet 250 mg, 500 mg	PG		
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	PG	ST	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	PG	ST	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	PG	ST	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	NPB	ST	
ceftriaxone intravenous recon soln 1 gram, 2 gram	PG	ST	
cefuroxime axetil oral tablet 250 mg, 500 mg	PG		
cefuroxime sodium injection recon soln 750 mg	PG	ST	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	PG	ST	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
cephalexin oral tablet 250 mg, 500 mg	PG		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	NPB	ST	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	PG	ST	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NPB	ST	ceftaroline fosamil
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	PB	ST	
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	NPB	ST	
ERYTHROMYCINS & OTHER MACROLIDES			
azithromycin intravenous recon soln 500 mg	PG	ST	
azithromycin oral packet 1 gram	PG		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	PG		
azithromycin oral tablet 250 mg, 500 mg, 600 mg	PG		
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
clarithromycin oral tablet 250 mg, 500 mg	PG		
clarithromycin oral tablet extended release 24 hr 500 mg	PG		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	NPB	QL	vancomycin hcl
DIFICID ORAL TABLET 200 MG	NPB	QL	fidaxomicin
e.e.s. 400 oral tablet 400 mg	PG		
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		erythromycin ethylsuccinate
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		erythromycin ethylsuccinate

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	NPB		erythromycin ethylsuccinate
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	PG		
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	NPB		
erythrocin (as stearate) oral tablet 250 mg	PG		
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	NPB	ST	erythromycin lactobionate
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	PG		
erythromycin ethylsuccinate oral tablet 400 mg	PG		
erythromycin lactobionate intravenous recon soln 500 mg	PG	ST	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	PG		
erythromycin oral tablet 250 mg, 500 mg	PG		
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	PG		
fidaxomicin oral tablet 200 mg	PG	QL	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	NPB	ST	azithromycin
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		azithromycin
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NPB		azithromycin
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	NPB		azithromycin
ZITHROMAX Z-PAK ORAL TABLET 250 MG	NPB		azithromycin
MISCELLANEOUS ANTIINFECTIVES			
albendazole oral tablet 200 mg	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	PB	QL	
ALINIA ORAL TABLET 500 MG	FE		nitazoxanide
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	PG	ST	
ARAKODA ORAL TABLET 100 MG	NPB	QL	atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PS	PA	
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	NPB		
atovaquone oral suspension 750 mg/5 ml	PG		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	PG	QL	
aztreonam injection recon soln 1 gram, 2 gram	PG	ST	
bacitracin intramuscular recon soln 50,000 unit	PG		
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	PB	QL	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	NPS	PA; QL; LA	tobramycin sulfate
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PS	PA; QL; LA	
chloramphenicol sod succinate intravenous recon soln 1 gram	PG		
chloroquine phosphate oral tablet 250 mg, 500 mg	PG		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	NPB		clindamycin hcl
CLEOCIN INJECTION SOLUTION 150 MG/ML	NPB	ST	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	PG		
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	NPB	ST	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	PG	ST	
clindamycin pediatric oral recon soln 75 mg/5 ml	PG		
clindamycin phosphate injection solution 150 mg/ml	PG	ST	
COARTEM ORAL TABLET 20-120 MG	PB	QL	
colistin (colistimethate na) injection recon soln 150 mg	PG	ST	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	NPB	ST	colistimethate sodium
cycloserine oral capsule 250 mg	PG		
dalbavancin intravenous solution 500 mg	PG	ST	
DALVANCE INTRAVENOUS SOLUTION 500 MG	NPB	ST	dalbavancin hcl
dapsone oral tablet 100 mg, 25 mg	PG		
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	NPB	ST	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	NPB	ST	
daptomycin intravenous recon soln 500 mg	PG	ST	
DARAPRIM ORAL TABLET 25 MG	NPS		pyrimethamine
EMBLAVEO INTRAVENOUS RECON SOLN 2 GRAM	NPB	ST	
EMVERM ORAL TABLET,CHEWABLE 100 MG	PB	QL	
ertapenem injection recon soln 1 gram	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ethambutol oral tablet 100 mg, 400 mg	PG		
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	PG	ST	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	PB	ST	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	NPB	ST	
gentamicin injection solution 40 mg/ml	PG	ST	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	PG	ST	
HUMATIN ORAL CAPSULE 250 MG	NPS	LA	
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PG		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	PG	ST	
IMPAVIDO ORAL CAPSULE 50 MG	PB	PA; QL	
isoniazid injection solution 100 mg/ml	PG		
isoniazid oral solution 50 mg/5 ml	PG		
isoniazid oral tablet 100 mg, 300 mg	PG		
ivermectin oral tablet 3 mg, 6 mg	PG	PA; QL	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	NPB	ST	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	PS	PA; QL; LA	
KRINTAFEL ORAL TABLET 150 MG	NPB	QL	primaquine generic
LAMPIT ORAL TABLET 120 MG, 30 MG	FE		BENZNIDAZOLE
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	FE		metronidazole
LINCOCIN INJECTION SOLUTION 300 MG/ML	NPB	ST	clindamycin phosphate
lincomycin injection solution 300 mg/ml	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	PG	ST	
linezolid oral suspension for reconstitution 100 mg/5 ml	PG		
linezolid oral tablet 600 mg	PG		
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	NPB	ST	
MALARONE ORAL TABLET 250-100 MG	NPB	QL	atovaquone-proguanil hcl
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	NPB	QL	atovaquone-proguanil hcl
mefloquine oral tablet 250 mg	PG	QL	
MEPRON ORAL SUSPENSION 750 MG/5 ML	NPB		atovaquone
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	PG	ST	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	PB	ST	
metro i.v. intravenous piggyback 500 mg/100 ml	PG	ST	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	PG	ST	
metronidazole oral capsule 375 mg	PG		
METRONIDAZOLE ORAL TABLET 125 MG	FE		metronidazole
metronidazole oral tablet 250 mg, 500 mg	PG		
NEBUPENT INHALATION RECON SOLN 300 MG	NPB	QL	pentamidine isethionate
neomycin oral tablet 500 mg	PG		
nitazoxanide oral tablet 500 mg	PG	QL	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	PB	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORLYNVAH ORAL TABLET 500-500 MG	FE		amoxicillin-clavulanate potass, cefadroxil, ciprofloxacin hcl, levofloxacin, nitrofurantoin, sulfamethoxazole-trimethoprim, trimethoprim
PENTAM INJECTION RECON SOLN 300 MG	NPB		pentamidine isethionate
pentamidine inhalation recon soln 300 mg	PG	QL	
pentamidine injection recon soln 300 mg	PG		
PLAQUENIL ORAL TABLET 200 MG	FE		hydroxychloroquine sulfate
polymyxin b sulfate injection recon soln 500,000 unit	PG	ST	
praziquantel oral tablet 600 mg	PG		
PRETOMANID ORAL TABLET 200 MG	NPB		
PRIFTIN ORAL TABLET 150 MG	PB		
primaquine oral tablet 26.3 mg (15 mg base)	PG	QL	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	NPB	ST	imipenem-cilastatin sodium
pyrazinamide oral tablet 500 mg	PG		
pyrimethamine oral tablet 25 mg	PG		
quinine sulfate oral capsule 324 mg	PG	QL	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	NPB		
rifabutin oral capsule 150 mg	PG		
RIFADIN INTRAVENOUS RECON SOLN 600 MG	NPB		rifampin
rifampin intravenous recon soln 600 mg	PG		
rifampin oral capsule 150 mg, 300 mg	PG		
SIRTURO ORAL TABLET 100 MG, 20 MG	PB		
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	NPB	ST	
SIVEXTRO ORAL TABLET 200 MG	FE		linezolid

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	PB	QL	
SOVUNA ORAL TABLET 200 MG, 300 MG	FE		hydroxychloroquine sulfate
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	PB	ST	
STROMECTOL ORAL TABLET 3 MG	NPB	PA; QL	ivermectin
tigecycline intravenous recon soln 50 mg	PG	ST	
tinidazole oral tablet 250 mg, 500 mg	PG	QL	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	FE		tobramycin sulfate
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PS	PA; QL; LA	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	PS	PA; QL; LA	
tobramycin inhalation solution for nebulization 300 mg/4 ml	PS	PA; QL; LA	
tobramycin sulfate injection recon soln 1.2 gram	PG	ST	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	PG	ST	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NPS	PA; QL; LA	tobramycin sulfate, TOBI PODHALER
TYGACIL INTRAVENOUS RECON SOLN 50 MG	NPB	ST	tigecycline
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	NPB	ST	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	NPB	ST	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XENLETA ORAL TABLET 600 MG	NPB		azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir
XIFAXAN ORAL TABLET 200 MG, 550 MG	PB	QL	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NPB	ST	
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	NPB	ST	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	NPB		linezolid
PENICILLINS			
amoxicillin oral capsule 250 mg, 500 mg	PG		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	PG		
amoxicillin oral tablet 500 mg, 875 mg	PG		
amoxicillin oral tablet,chewable 125 mg, 250 mg	PG		
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	PG		
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	PG		
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	PG		
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	PG		
ampicillin oral capsule 500 mg	PG		
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	PG	ST	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	PG	ST	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	PG	ST	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	NPB		amoxicillin-clavulanate potass
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	PB		
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	PB	ST	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	PB	ST	
dicloxacillin oral capsule 250 mg, 500 mg	PG		
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	NPB		
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	NPB		
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	NPB		amoxicillin
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	PG	ST	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	PG	ST	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	PG	ST	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	PB	ST	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	PG	ST	
penicillin g sodium injection recon soln 5 million unit	PG	ST	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	PG		
penicillin v potassium oral tablet 250 mg, 500 mg	PG		
pfizerpen-g injection recon soln 20 million unit, 5 million unit	PG	ST	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	NPB	ST	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	PG	ST	
PIVYA ORAL TABLET 185 MG	FE		amoxicillin-clavulanate potass, cefadroxil, ciprofloxacin hcl, levofloxacin, nitrofurantoin, sulfamethoxazole-trimethoprim, trimethoprim
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	NPB	ST	ampicillin-sulbactam
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	PB	ST	
QUINOLONES			
BAXDELA INTRAVENOUS RECON SOLN 300 MG	PB	ST	
BAXDELA ORAL TABLET 450 MG	PB	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	NPB		ciprofloxacin
CIPRO ORAL TABLET 250 MG, 500 MG	NPB		ciprofloxacin hcl
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	PG		
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	PG	ST	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	PG		
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	PG	ST	
levofloxacin oral solution 250 mg/10 ml	PG		
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	PG		
moxifloxacin oral tablet 400 mg	PG		
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	PB	ST	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	PG	ST	
ofloxacin oral tablet 300 mg, 400 mg	PG		
SULFA'S & RELATED AGENTS			
BACTRIM DS ORAL TABLET 800-160 MG	NPB		sulfamethoxazole-trimethoprim
BACTRIM ORAL TABLET 400-80 MG	NPB		sulfamethoxazole-trimethoprim
sulfadiazine oral tablet 500 mg	PG		
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	PG	ST	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	PG		
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sulfatrim oral suspension 200-40 mg/5 ml	PG		
TETRACYCLINES			
AVIDOXY DK KIT 100 MG-2 % -SPF 30	NPB	ST	doxycycline monohydrate
avidoxy oral tablet 100 mg	PG		
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	FE		
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	FE		
demeclocycline oral tablet 150 mg, 300 mg	PG		
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	FE		doxycycline hyclate, doxycycline monohydrate
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	FE		doxycycline hyclate
doxy-100 intravenous recon soln 100 mg	PG	ST	
doxycycline hyclate intravenous recon soln 100 mg	PG	ST	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG		
doxycycline hyclate oral tablet 100 mg, 20 mg	PG		
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	PG	ST	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg	PB	ST	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg	PG	ST	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	FE		doxycycline hyclate, doxycycline monohydrate
doxycycline monohydrate oral capsule 100 mg, 50 mg	PG		
doxycycline monohydrate oral capsule 150 mg, 75 mg	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	PG	ST	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	PG		
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	PG		
EMROSI ORAL CAPSULE,IR - EXTEND REL,BIPHASE 40 MG	FE		azelaic acid, ivermectin, metronidazole, minocycline hcl
MINOCIN INTRAVENOUS RECON SOLN 100 MG	PB	ST	
minocycline oral capsule 100 mg, 50 mg, 75 mg	PG		
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	FE		minocycline hcl er
minocycline oral tablet 100 mg, 50 mg, 75 mg	PG	ST	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	PG	ST	
mondoxyne nl oral capsule 100 mg	PG		
mondoxyne nl oral capsule 75 mg	PG	ST	
MORGIDOX 1X 50 KIT 50 MG	NPB	ST	doxycycline hyclate
MORGIDOX 1X100 KIT 100 MG	NPB	ST	doxycycline hyclate
NUZYRA INTRAVENOUS RECON SOLN 100 MG	NPB	ST	
NUZYRA ORAL TABLET 150 MG	NPB	QL	doxycycline hyclate, tetracycline hcl
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	FE		doxycycline ir-dr
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	NPB	ST	doxycycline hyclate, minocycline hcl, tetracycline hcl
TARGADOX ORAL TABLET 50 MG	NPB	ST	doxycycline hyclate
tetracycline oral capsule 250 mg, 500 mg	PG		
tetracycline oral tablet 250 mg, 500 mg	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	NPB	ST	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	FE		minocycline hcl er
URINARY TRACT AGENTS			
BLUJEPA ORAL TABLET 750 MG	FE		amoxicillin-clavulanate potass, cefadroxil, ciprofloxacin hcl, levofloxacin, nitrofurantoin, sulfamethoxazole-trimethoprim, trimethoprim
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	NPB		
fosfomycin tromethamine oral packet 3 gram	FE		nitrofurantoin, nitrofurantoin mono-macro, sulfamethoxazole-trimethoprim, trimethoprim
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	NPB		nitrofurantoin
MACROBID ORAL CAPSULE 100 MG	NPB		nitrofurantoin mono-macro
methenamine hippurate oral tablet 1 gram	PG		
methenamine mandelate oral tablet 0.5 gram, 1 gram	PG		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	PG		
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	PG		
nitrofurantoin oral suspension 25 mg/5 ml	PG		
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	FE		nitrofurantoin
PRIMSOL ORAL SOLUTION 50 MG/5 ML	NPB		trimethoprim
trimethoprim oral tablet 100 mg	PG		
VANCOMYCIN			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	FE		vancomycin hcl
TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	NPB	ST	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	NPB	QL	vancomycin hcl
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	PB	ST	
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml	PG	ST	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	PB	ST	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 500 MG/100 ML, 750 MG/150 ML	PB	ST	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	PB	ST	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	NPB	ST	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	PG	ST	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM, 2 GRAM	NPB	ST	
vancomycin oral capsule 125 mg, 250 mg	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	PG	QL	
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	NPB	ST	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	PB	ST	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	FE		BILPREVDA, XTRENBO
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PS		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	FE		BILPREVDA, XTRENBO
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	FE		BILPREVDA, XTRENBO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	PS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PG		
MESNEX ORAL TABLET 400 MG	NPB		mesna
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	FE		BILPREVDA, XTRENBO
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	FE		BILPREVDA, XTRENBO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	FE		BILPREVDA, XTRENBO
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PS		
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 510X10EXP6 CELL	NPS	PA	
abiraterone oral tablet 250 mg, 500 mg	PS	PA; LA	
abirtega oral tablet 250 mg	PS	PA; LA	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS	LA	paclitaxel protein-bound
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	PS		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	PS	PA; LA	
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	NPB		
adrucil intravenous solution 2.5 gram/50 ml	PG		
ADSTILADRIN INTRAVESICAL SUSPENSION 3X10EXP11 VP/ML	NPS	PA	gemcitabine hcl, mitomycin, valrubicin
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	FE		everolimus
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	FE		everolimus
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	FE		abiraterone acetate, LYNPARZA
ALECENSA ORAL CAPSULE 150 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	NPB		melphalan hcl
ALKERAN ORAL TABLET 2 MG	NPB		melphalan hcl
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	PS	PA	
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	PS	PA	
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	PS	PA	
anastrozole oral tablet 1 mg	PG		
ARIMIDEX ORAL TABLET 1 MG	FE		anastrozole
AROMASIN ORAL TABLET 25 MG	NPB		exemestane
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	NPS	LA	nelarabine
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	PG	PA	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	NPS	PA	ONCASPAR
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	NPB	ST	tacrolimus
AUCATZYL INTRAVENOUS SUSPENSION	NPS	PA	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	PS	PA	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
AVGEMSI INTRAVENOUS SOLUTION 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML)	FE		gemcitabine hcl
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	FE		pemetrexed disodium
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	NPS	PA	
azacitidine injection recon soln 100 mg	PS	LA	
AZASAN ORAL TABLET 100 MG, 75 MG	NPB		azathioprine
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG		
azathioprine sodium injection recon soln 100 mg	PG		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	PS	PA	
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	PS	PA	
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	FE		docetaxel
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML	FE		docetaxel
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	NPS	PA	pralatrexate, ISTODAX
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	bendamustine hcl, BENDEKA
bendamustine intravenous recon soln 100 mg, 25 mg	PS	PA; LA	
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA	bendamustine hcl, BENDEKA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	PS	PA; LA	
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	PS	PA; LA	
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	PG		
bexarotene oral capsule 75 mg	PS	LA	
bexarotene topical gel 1 %	PS	LA	
bicalutamide oral tablet 50 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BICNU INTRAVENOUS RECON SOLN 100 MG	NPB	PA	carmustine
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	PS	PA	
BLENREP INTRAVENOUS RECON SOLN 70 MG	FE		bortezomib, lenalidomide, pomalidomide, DARZALEX, KYPROLIS, NINLARO, THALOMID
bleomycin injection recon soln 15 unit, 30 unit	PG		
BLINCYTO INTRAVENOUS KIT 35 MCG	PS	PA	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	PS	PA; LA	
bortezomib injection recon soln 3.5 mg	PS	PA; LA	
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	PS	PA	
BORUZU INJECTION SOLUTION 2.5 MG/ML	FE		bortezomib
BOSULIF ORAL CAPSULE 100 MG, 50 MG	PS	PA; LA	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	PS	PA; LA	
BRAFTOVI ORAL CAPSULE 75 MG	PS	PA; LA	
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	NPS	PA	
BRUKINSA ORAL TABLET 160 MG	PS	PA	
busulfan intravenous solution 60 mg/10 ml	PG		
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	NPB		busulfan
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	FE		octreotide acetate
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PS	PA	
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	FE		ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	NPB		irinotecan hcl
capecitabine oral tablet 150 mg, 500 mg	PS	LA	
CAPRELSA ORAL TABLET 100 MG, 300 MG	PS	PA	
carboplatin intravenous recon soln 150 mg	PG		
carboplatin intravenous solution 10 mg/ml	PG		
carmustine intravenous recon soln 100 mg	PG	PA	
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	PS	PA	
CASODEX ORAL TABLET 50 MG	NPB		bicalutamide
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	NPB		mycophenolate mofetil
CELLCEPT ORAL CAPSULE 250 MG	NPB		mycophenolate mofetil
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	NPB		mycophenolate mofetil
CELLCEPT ORAL TABLET 500 MG	NPB		mycophenolate mofetil
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	NPB		
cisplatin intravenous solution 1 mg/ml	PG		
cladribine intravenous solution 10 mg/10 ml	PG		
clofarabine intravenous solution 1 mg/ml	PG		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	PS	PA; LA	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	NPS	PA	BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
COSELA INTRAVENOUS RECON SOLN 300 MG	NPS	PA	
COTELLIC ORAL TABLET 20 MG	PS	PA; LA	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	PG		
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	NPB		
cyclophosphamide intravenous solution 200 mg/ml	PG		
cyclophosphamide oral capsule 25 mg, 50 mg	PG		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	NPB		cyclophosphamide
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	PG		
cyclosporine modified oral solution 100 mg/ml	PG		
cyclosporine oral capsule 100 mg, 25 mg	PG		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	PS	PA; LA	
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	PG		
cytarabine injection solution 20 mg/ml	PG		
dacarbazine intravenous recon soln 100 mg, 200 mg	PG		
dactinomycin intravenous recon soln 0.5 mg	PG		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	NPS	PA	UNITUXIN

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DANZITEN ORAL TABLET 71 MG, 95 MG	PS		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	NPS	PA; LA	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	PS	PA; LA	
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	PS	LA	
DATROWAY INTRAVENOUS RECON SOLN 100 MG	NPS	PA	
daunorubicin intravenous solution 5 mg/ml	PG		
DAURISMO ORAL TABLET 100 MG, 25 MG	NPS	PA; LA	azacitidine, cytarabine, decitabine, VENCLEXTA
decitabine intravenous recon soln 50 mg	PS	PA; LA	
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	PG		
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	FE		docetaxel
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	NPB		doxorubicin hcl liposomal
doxorubicin intravenous recon soln 10 mg, 50 mg	PG		
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	PG		
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	PG		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	NPS	PA	carboplatin, cyclophosphamide, etoposide, paclitaxel, LYNPARZA, ZIRABEV
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PS	PA; LA	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PS	PA; LA	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PS	PA; LA	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PS	PA; LA	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	NPB		epirubicin hcl
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	NPS	PA	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	PS	PA	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	NPS	PA; LA	bortezomib, lenalidomide, pomalidomide, DARZALEX, KYPROLIS, NINLARO, THALOMID
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	NPS	PA	
ENHERTU INTRAVENOUS RECON SOLN 100 MG	NPS	PA; LA	
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	PS	PA	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PS	LA	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	FE		tacrolimus
epirubicin intravenous solution 200 mg/100 ml	PG		
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	PS	PA; LA	
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	PS	PA	
ERIVEDGE ORAL CAPSULE 150 MG	PS	PA; LA	
ERLEADA ORAL TABLET 240 MG, 60 MG	PS	PA; LA	
erlotinib oral tablet 100 mg, 150 mg, 25 mg	PS	PA; LA	
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	PB		
etoposide intravenous solution 20 mg/ml	PG		
etoposide oral capsule 50 mg	PG		
EULEXIN ORAL CAPSULE 125 MG	NPB		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PS	PA; LA	
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	PS	PA; LA	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	PG		
EVOMELA INTRAVENOUS RECON SOLN 50 MG	NPS		melphalan hcl
exemestane oral tablet 25 mg	PG		
FARESTON ORAL TABLET 60 MG	NPB		toremifene citrate
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	NPB	PA	fulvestrant
FEMARA ORAL TABLET 2.5 MG	NPB		letrozole
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	PS	PA; LA	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	PS	PA; LA	
floxuridine injection recon soln 0.5 gram	PG		
fludarabine intravenous recon soln 50 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fludarabine intravenous solution 50 mg/2 ml	PG		
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	PG		
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	NPS	PA; LA	pralatrexate
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	PS	PA; LA	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	FE		CABOMETYX, INLYTA, LENVIMA
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	NPB		cyclophosphamide
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	PS	PA	
fulvestrant intramuscular syringe 250 mg/5 ml	PG	PA	
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS	PA	
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	PS	PA	
GAVRETO ORAL CAPSULE 100 MG	PS	PA	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	PS	PA; LA	
gefitinib oral tablet 250 mg	PS	PA; LA	
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	PG		
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	PG		
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	NPB		
gengraf oral capsule 100 mg, 25 mg	PG		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GLEEVEC ORAL TABLET 100 MG, 400 MG	FE		imatinib mesylate
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	NPB		lomustine
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	PS	PA	
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	PS	PA	
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	FE		busulfan, cyclophosphamide, etoposide, fludarabine phosphate
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	NPS	PA; LA	eribulin mesylate
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	NPS		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	FE		HERCESSI, OGIVRI
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	FE		HERCESSI, OGIVRI
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PS	PA	
HERNEXEOS ORAL TABLET 60 MG	FE		
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		HERCESSI, OGIVRI
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	PS	PA; LA	
HYDREA ORAL CAPSULE 500 MG	NPB		hydroxyurea
hydroxyurea oral capsule 500 mg	PG		
HYRNUO ORAL TABLET 10 MG	FE		
IBRANCE ORAL CAPSULE 125 MG	PS	PA; LA	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PS	PA; LA	
IBTROZI ORAL CAPSULE 200 MG	PS	PA	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	NPB		idarubicin hcl
idarubicin intravenous solution 1 mg/ml	PG		
IDHIFA ORAL TABLET 100 MG, 50 MG	PS	PA; LA	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	NPB		ifosfamide
ifosfamide intravenous recon soln 1 gram, 3 gram	PG		
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	PG		
imatinib oral tablet 100 mg, 400 mg	PS	LA	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	PS	PA	
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PS	PA	
IMBRUVICA ORAL TABLET 140 MG, 280 MG	PS		
IMBRUVICA ORAL TABLET 420 MG	PS	PA	
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	NPS	PA	
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	PS	PA; LA	
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
IMKELDI ORAL SOLUTION 80 MG/ML	PS		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	NPS	PA	KEYTRUDA, KEYTRUDA QLEX, MEKINIST, OPDIVO, TAFINLAR, YERVOY, ZELBORAF
IMURAN ORAL TABLET 50 MG	NPB		azathioprine

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	NPB		gemcitabine hcl
INLURIYO ORAL TABLET 200 MG	PS	PA	
INLYTA ORAL TABLET 1 MG, 5 MG	PS	PA; LA	
INQOVI ORAL TABLET 35-100 MG	FE		decitabine
INREBIC ORAL CAPSULE 100 MG	FE		JAKAFI
IRESSA ORAL TABLET 250 MG	NPS	PA; LA	gefitinib
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	PG		
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	PS	PA; LA	
ITOVEBI ORAL TABLET 3 MG, 9 MG	FE		
IVRA INTRAVENOUS SOLUTION 90 MG/ML	FE		melphalan hcl
IWILFIN ORAL TABLET 192 MG	PS	PA	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	PS	PA; LA	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PS	ST; LA	
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	FE		
JAYPIRCA ORAL TABLET 100 MG, 50 MG	FE		BRUKINSA, CALQUENCE, IMBRUVICA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	NPS	PA	
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	KEYTRUDA, KEYTRUDA QLEX

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML)	PS	PA; LA	
JOBEVNE INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
JYLAMVO ORAL SOLUTION 2 MG/ML	FE		methotrexate
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	PS	PA; LA	
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		HERCESSI, OGIVRI
kemoplat intravenous solution 1 mg/ml	PG		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PS	PA	
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	PS	PA	
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	PS	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)	PS	PA; LA	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	FE		fluorouracil, fluorouracil, imiquimod
KOMZIFTI ORAL CAPSULE 200 MG	PS	PA	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	NPS	PA	GOMEKLI
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	NPS	PA	GOMEKLI
KRAZATI ORAL TABLET 200 MG	FE		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	PS	PA	
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KYXATA INTRAVENOUS SOLUTION 10 MG/ML	NPB		carboplatin
lanreotide subcutaneous syringe 120 mg/0.5 ml	PS	PA; QL	
lapatinib oral tablet 250 mg	PS	PA; LA	
LAZCLUZE ORAL TABLET 240 MG, 80 MG	NPS	PA	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	PS	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)	PS	PA; LA	
letrozole oral tablet 2.5 mg	PG		
LEUKERAN ORAL TABLET 2 MG	PB		
leuprolide subcutaneous kit 1 mg/0.2 ml	PS	LA	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	PS	PA	
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2)	NPS	PA	
lomustine oral capsule 10 mg, 100 mg, 40 mg	PG		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PS	PA; LA	
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PS	PA	
LORBRENA ORAL TABLET 100 MG, 25 MG	PS	PA; LA	
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	NPS	PA; LA	
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	FE		
LUPKYNIS ORAL CAPSULE 7.9 MG	PS	QL	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	PS	PA; LA	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PS	PA; LA	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PS	PA; LA	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	PS	PA; LA	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	FE		FENSOLVI, SUPPRELIN LA, TRIPTODUR
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	FE		FENSOLVI, SUPPRELIN LA, TRIPTODUR
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	FE		FENSOLVI, SUPPRELIN LA, TRIPTODUR
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	PS	PA	
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG	FE		acitretin, bexarotene, isotretinoin, romidepsin, ADCETRIS, POTELIGEO, ZOLINZA
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML	NPS	PA	
LYNPARZA ORAL TABLET 100 MG, 150 MG	PS	PA; LA	
LYSODREN ORAL TABLET 500 MG	PS		
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	PS	PA	
MATULANE ORAL CAPSULE 50 MG	PS		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	PG		
megestrol oral tablet 20 mg, 40 mg	PG		
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PS	PA; LA	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	PS	PA; LA	
MEKTOVI ORAL TABLET 15 MG	PS	PA; LA	
melphalan hcl intravenous recon soln 50 mg	PG		
mercaptopurine oral suspension 20 mg/ml	PS	ST; LA	
mercaptopurine oral tablet 50 mg	PG		
METHOTREXATE (PF) IN NACL,ISO INTRAMUSCULAR SYRINGE 125 MG/5 ML (25 MG/ML)	NPB		
methotrexate sodium (pf) injection recon soln 1 gram	PG		
methotrexate sodium (pf) injection solution 25 mg/ml	PG		
methotrexate sodium injection solution 25 mg/ml	PG		
methotrexate sodium oral tablet 2.5 mg	PG		
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	PG		
mitoxantrone intravenous concentrate 2 mg/ml	PS	LA	
MODEYSO ORAL CAPSULE 125 MG	PS	PA	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	NPS	PA	cyclophosphamide, doxorubicin hcl, lenalidomide, vincristine sulfate, RUXIENCE
MVASI INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	ZIRABEV
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	NPS	PA; QL	SOMATULINE DEPOT

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	PG		
mycophenolate mofetil oral capsule 250 mg	PG		
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	PG		
mycophenolate mofetil oral tablet 500 mg	PG		
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	PG		
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	NPB		mycophenolic acid
MYHIBBIN ORAL SUSPENSION 200 MG/ML	PB		
MYLERAN ORAL TABLET 2 MG	PB		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	PS	PA; LA	
nelarabine intravenous solution 5 mg/ml	PS	LA	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	PS	PA; QL; LA	
NEORAL ORAL CAPSULE 100 MG, 25 MG	NPB		cyclosporine
NEORAL ORAL SOLUTION 100 MG/ML	NPB		cyclosporine
NERLYNX ORAL TABLET 40 MG	PS	PA; LA	
NEXAVAR ORAL TABLET 200 MG	NPS	LA	sorafenib
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	FE		IMBRUVICA, JAKAFI
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	FE		nilotinib hcl, DANZITEN
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	PS	LA	
nilutamide oral tablet 150 mg	PG	PA	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NIPENT INTRAVENOUS RECON SOLN 10 MG	NPB		
NUBEQA ORAL TABLET 300 MG	PS	PA; LA	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PB		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	PS	PA; LA	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	PS	PA; LA	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	PS	PA; QL; LA	
ODOMZO ORAL CAPSULE 200 MG	PS	PA; LA	
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PS	PA; LA	
OGSIVEO ORAL TABLET 100 MG, 150 MG	NPS	PA	
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PS	PA	
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PS	PA	
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	FE		JAKAFI
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	PB	PA	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	PS	PA	
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		HERCESSI, OGIVRI
ONUREG ORAL TABLET 200 MG, 300 MG	FE		
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	PS	PA	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	PS	PA; LA	
ORGOVYX ORAL TABLET 120 MG	NPS	PA	ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
ORSERDU ORAL TABLET 345 MG, 86 MG	PS	PA; QL	
oxaliplatin intravenous recon soln 100 mg, 50 mg	PG		
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	PG		
paclitaxel intravenous concentrate 6 mg/ml	PG		
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	PS		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	NPS	PA; LA	
PALSONIFY ORAL TABLET 20 MG, 30 MG	FE		lanreotide acetate, octreotide acetate er, SOMATULINE DEPOT
pazopanib oral tablet 200 mg	PS	LA	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PS	PA	
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	PG		
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	NPB		
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	NPB		
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	NPB		pemetrexed disodium
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	NPB		pemetrexed disodium

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	PS	PA; LA	
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	PS	PA; LA	
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	PB		
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	FE		dasatinib
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)	PS	PA	
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	NPS	PA; LA	
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	PS	PA; LA	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	NPS	PA; LA	pomalidomide
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	PS	PA	
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	PS	PA; LA	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PB		
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	NPB		TACROLIMUS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PB		
PURIXAN ORAL SUSPENSION 20 MG/ML	PS	ST	
QINLOCK ORAL TABLET 50 MG	FE		imatinib mesylate, nilotinib hcl, pazopanib hcl, sunitinib malate, IMKELDI, STIVARGA

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	NPS	PA; LA	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	FE		lenalidomide
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	PS	PA	
REZLIDHIA ORAL CAPSULE 150 MG	FE		TIBSOVO
REZUROCK ORAL TABLET 200 MG	NPB	PA; QL	
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	FE		RUXIENCE
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	FE		RUXIENCE
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	FE		RUXIENCE
romidepsin intravenous recon soln 10 mg/2 ml	PS	PA	
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	NPS	PA	ISTODAX
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	NPS	PA	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	PS	PA; LA	
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PS	PA; LA	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	FE		LYNPARZA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PS	PA; LA	
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	NPS	PA	
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	EXKIVITY

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RYDAPT ORAL CAPSULE 25 MG	PS	PA; LA	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	NPS	PA	
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	FE		
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	NPB		cyclosporine
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	NPB		cyclosporine
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NPS	PA; LA	octreotide acetate
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	FE		octreotide acetate er
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	NPS	LA	BENLYSTA, BENLYSTA
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	FE		
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML	FE		BENLYSTA, BENLYSTA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA	DARZALEX
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	PS	PA	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	FE		lanreotide acetate, octreotide acetate er, SIGNIFOR, SOMATULINE DEPOT
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PS	PA	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	FE		DROXIA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	PB		
sirolimus oral solution 1 mg/ml	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NPB		tamoxifen citrate
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	PS	PA; QL; LA	
sorafenib oral tablet 200 mg	PS	LA	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	FE		dasatinib
STIVARGA ORAL TABLET 40 MG	PS	PA; LA	
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	PS	LA	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	PS	PA; LA	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	NPS	LA	sunitinib malate
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	PS	PA; LA	
TABLOID ORAL TABLET 40 MG	NPB		
TABRECTA ORAL TABLET 150 MG, 200 MG	PS	PA; LA	
TACROLIMUS INTRAVENOUS SOLUTION 5 MG/ML	NPB		
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	PS	PA; LA	
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PS	PA; LA	
TAGRISSO ORAL TABLET 40 MG, 80 MG	PS	PA; LA	
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	NPS	PA	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tamoxifen oral tablet 10 mg, 20 mg	PG		
TARGRETIN ORAL CAPSULE 75 MG	FE		bexarotene
TARGRETIN TOPICAL GEL 1 %	NPS	LA	bexarotene
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	FE		nilotinib hcl
TECARTUS INTRAVENOUS SUSPENSION 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL	NPS	PA	
TECELRA INTRAVENOUS SUSPENSION 2.68X10EXP9 TO 10X10EXP9 CELL	PS	PA	
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	PS	PA	
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	PS	PA; LA	
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	NPS	PA	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	PS	LA	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	PS	PA; LA	
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	PS	PA; LA	
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	NPB	PA	thiotepa
TEPADINA INJECTION SOLUTION 200 MG	NPB	PA	thiotepa
TEPMETKO ORAL TABLET 225 MG	FE		TABRECTA
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML	FE		thiotepa
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	PS	PA	
THALOMID ORAL CAPSULE 100 MG, 50 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
thiotepa injection recon soln 100 mg, 15 mg	PG	PA	
TIBSOVO ORAL TABLET 250 MG	PS	PA	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	NPS	PA; LA	
topotecan intravenous recon soln 4 mg	PS	PA; LA	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	PS	PA; LA	
toremifene oral tablet 60 mg	PG		
TORISEL INTRAVENOUS RECON SOLN 25 MG/ML (DILUTE10MG/ML)	NPS	PA; LA	temsirolimus
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PS	PA	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		HERCESSI, OGIVRI
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	NPS	PA; LA	bendamustine hcl
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	FE		ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
tretinoin (antineoplastic) oral capsule 10 mg	PG		
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	FE		methotrexate
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	PS	PA	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	NPB	PA	arsenic trioxide
TRODELVY INTRAVENOUS RECON SOLN 180 MG	NPS	PA	
TRUQAP ORAL TABLET 160 MG, 200 MG	PS	PA	
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	FE		RUXIENCE
TUKYSA ORAL TABLET 150 MG, 50 MG	NPS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TURALIO ORAL CAPSULE 125 MG	NPS	PA	
TYKERB ORAL TABLET 250 MG	FE		lapatinib
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	PS	PA	
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML)	FE		KEYTRUDA, KEYTRUDA QLEX, LIBTAYO
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	FE		ENSPRYNG
VABRINTY (1 MONTH) SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	FE		ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
VABRINTY (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	FE		ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
VABRINTY (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	FE		ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
VABRINTY (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	FE		ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
valrubicin intravesical solution 40 mg/ml	PS	PA; LA	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	FE		RYDAPT
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	PS	PA; LA	
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
VELCADE INJECTION RECON SOLN 3.5 MG	NPS	PA; LA	bortezomib
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	PS	PA	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	PS	PA	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIDAZA INJECTION RECON SOLN 100 MG	NPS	LA	azacitidine
VIJOICE ORAL GRANULES IN PACKET 50 MG	PS	PA; QL	
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	PS	PA; QL	
vinblastine intravenous solution 1 mg/ml	PG		
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	PG		
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	PG		
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	PG		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	PS	PA; LA	
VITRAKVI ORAL SOLUTION 20 MG/ML	PS	PA; LA	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	FE		bendamustine hcl, BENDEKA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PS	PA; LA	
VONJO ORAL CAPSULE 100 MG	PS	PA	
VORANIGO ORAL TABLET 10 MG, 40 MG	NPS	PA	
VOTRIENT ORAL TABLET 200 MG	NPS	LA	pazopanib hcl
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)	PS	PA; QL	
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	PS	PA	
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	PS	PA	
WAYRILZ ORAL TABLET 400 MG	FE		eltrombopag olamine, DOPTELET, NPLATE
WELIREG ORAL TABLET 40 MG	NPS	PA	
XALKORI ORAL CAPSULE 200 MG, 250 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	PS	PA; LA	
XATMEP ORAL SOLUTION 2.5 MG/ML	FE		methotrexate
XERMELO ORAL TABLET 250 MG	PS	PA	
XOSPATA ORAL TABLET 40 MG	PS	PA	
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	FE		bortezomib, lenalidomide, pomalidomide, DARZALEX, KYPROLIS, NINLARO, THALOMID
XROMI ORAL SOLUTION 100 MG/ML	FE		DROXIA
XTANDI ORAL CAPSULE 40 MG	PS	PA; LA	
XTANDI ORAL TABLET 40 MG, 80 MG	PS	PA; LA	
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PS	PA; LA	
YESCARTA INTRAVENOUS SUSPENSION	PS	PA	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	PS		
YONSA ORAL TABLET 125 MG	PS	PA; LA	
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PS	PA; LA	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	PS	PA; LA	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	FE		LYNPARZA
ZELBORAF ORAL TABLET 240 MG	PS	PA; LA	
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	NPS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	PB		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	FE		HERCESSI, OGIVRI, PERJETA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PS	PA; LA	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PS	PA; LA	
ZOLINZA ORAL CAPSULE 100 MG	PS	PA; LA	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	NPB		everolimus
ZYDELIG ORAL TABLET 100 MG, 150 MG	PS	PA; LA	
ZYKADIA ORAL TABLET 150 MG	PS	PA; LA	
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	NPS	PA	cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	PS	PA	
ZYTIGA ORAL TABLET 250 MG, 500 MG	FE		abiraterone acetate
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH			
ANTICONVULSANTS			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	NPB		eslicarbazepine acetate
BANZEL ORAL SUSPENSION 40 MG/ML	FE		rufinamide
BANZEL ORAL TABLET 200 MG, 400 MG	FE		rufinamide
brivaracetam oral solution 10 mg/ml	PG		
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	PG		
BRIVIACT ORAL SOLUTION 10 MG/ML	NPB	ST	brivaracetam

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	NPB	ST	brivaracetam
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	PG		
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	PG		
carbamazepine oral tablet 200 mg	PG		
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	PG		
carbamazepine oral tablet,chewable 100 mg	PG		
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	NPB		carbamazepine
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NPB		carbamazepine er
CELONTIN ORAL CAPSULE 300 MG	NPB		methsuximide
clobazam oral suspension 2.5 mg/ml	PG		
clobazam oral tablet 10 mg, 20 mg	PG		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG		
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	NPB	ST	divalproex sodium er
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	NPB	ST	divalproex sodium
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	NPB	ST	divalproex sodium
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	PS		
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	PS		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	PG		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	NPB		phenytoin sodium
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	NPB		phenytoin
DILANTIN ORAL CAPSULE 30 MG	PB		
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	NPB		phenytoin
divalproex oral capsule, delayed rel sprinkle 125 mg	PG		
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	PG		
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	PG		
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	NPB	ST	levetiracetam
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PS	LA	
EPRONTIA ORAL SOLUTION 25 MG/ML	FE		topiramate
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NPB		carbamazepine, carbamazepine er
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	PG		
ethosuximide oral capsule 250 mg	PG		
ethosuximide oral solution 250 mg/5 ml	PG		
felbamate oral suspension 600 mg/5 ml	PG		
felbamate oral tablet 400 mg, 600 mg	PG		
FELBATOL ORAL TABLET 400 MG, 600 MG	NPB		felbamate
FINTEPLA ORAL SOLUTION 2.2 MG/ML	FE		DIACOMIT, EPIDIOLEX
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	PB		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	PG		
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	PG		
gabapentin oral tablet 600 mg, 800 mg	PG		
gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg	PG	ST	
GABARONE ORAL TABLET 100 MG, 400 MG	FE		gabapentin
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	NPB	ST	gabapentin er
KEPPRA ORAL SOLUTION 100 MG/ML	FE		levetiracetam
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	FE		levetiracetam
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	FE		levetiracetam
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	FE		clonazepam
lacosamide oral solution 10 mg/ml	PG		
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	PG		
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	FE		lamotrigine odt
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	FE		lamotrigine odt
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	FE		lamotrigine odt

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	FE		lamotrigine odt
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	FE		lamotrigine
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	FE		lamotrigine
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	FE		lamotrigine
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	FE		lamotrigine
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	FE		lamotrigine
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	FE		lamotrigine
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	NPB	ST	lamotrigine
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	NPB	ST	lamotrigine
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	NPB	ST	lamotrigine
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG		
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)	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PG		
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	PG		
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	PG		
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	PG		
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	PG		
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	PG		
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	PG		
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	FE		levetiracetam, levetiracetam
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	FE		pregabalin er
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	FE		pregabalin
LYRICA ORAL SOLUTION 20 MG/ML	FE		pregabalin
methsuximide oral capsule 300 mg	PG		
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	FE		lacosamide
MYSOLINE ORAL TABLET 250 MG, 50 MG	NPB		primidone
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	PB	QL	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	FE		gabapentin
NEURONTIN ORAL SOLUTION 250 MG/5 ML	FE		gabapentin

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NEURONTIN ORAL TABLET 600 MG, 800 MG	FE		gabapentin
ONFI ORAL SUSPENSION 2.5 MG/ML	FE		clobazam
ONFI ORAL TABLET 10 MG, 20 MG	FE		clobazam
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	PG		
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG		
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	PG		
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	FE		oxcarbazepine er
perampanel oral suspension 0.5 mg/ml	PG		
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	PG		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	PG		
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	PG		
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	NPB		phenytoin sodium
phenytoin oral suspension 125 mg/5 ml	PG		
phenytoin oral tablet,chewable 50 mg	PG		
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	PG		
pregabalin oral solution 20 mg/ml	PG		
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	PG	PA	
PRIMIDONE ORAL TABLET 125 MG	FE		primidone
primidone oral tablet 250 mg, 50 mg	PG		
RELGAABI ORAL CAPSULE 200 MG	FE		gabapentin

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
relgaabi oral capsule 300 mg, 400 mg	PG		
roweepra oral tablet 500 mg	PG		
rufinamide oral suspension 40 mg/ml	PG		
rufinamide oral tablet 200 mg, 400 mg	PG		
SABRIL ORAL POWDER IN PACKET 500 MG	FE		vigabatrin, vigadrone, vigpoder
SABRIL ORAL TABLET 500 MG	FE		vigabatrin
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	NPB	ST	levetiracetam, levetiracetam
SUBVENITE ORAL SUSPENSION 10 MG/ML	FE		lamotrigine odt, lamotrigine
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG		
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	PG		
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	PG		
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	PG		
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	NPB		clobazam
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	NPB		carbamazepine
TEGRETOL ORAL TABLET 200 MG	NPB		carbamazepine
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	NPB		carbamazepine er
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	PG		
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	FE		topiramate
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	FE		topiramate
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	PG	ST	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	PG	ST	
topiramate oral solution 25 mg/ml	PG		
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG		
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	FE		oxcarbazepine
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	FE		oxcarbazepine
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	NPB	ST	topiramate, topiramate er
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	PG		
valproic acid oral capsule 250 mg	PG		
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)	PB	QL	
vigabatrin oral powder in packet 500 mg	PS	QL; LA	
vigabatrin oral tablet 500 mg	PS	QL; LA	
vigadrone oral powder in packet 500 mg	PS	QL	
vigadrone oral tablet 500 mg	PS	QL	
VIGAFYDE ORAL SOLUTION 100 MG/ML	FE		vigabatrin
VIMPAT ORAL SOLUTION 10 MG/ML	FE		lacosamide
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	FE		lacosamide
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
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)	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
ZARONTIN ORAL CAPSULE 250 MG	NPB		ethosuximide
ZARONTIN ORAL SOLUTION 250 MG/5 ML	NPB		ethosuximide
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	FE		zonisamide
ZONISADE ORAL SUSPENSION 100 MG/5 ML	FE		zonisamide
zonisamide oral capsule 100 mg, 25 mg, 50 mg	PG		
ZTALMY ORAL SUSPENSION 50 MG/ML	PS	PA	
ANTIPARKINSONISM AGENTS			
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	FE		
apomorphine subcutaneous cartridge 10 mg/ml	PS	PA; QL	
AZILECT ORAL TABLET 0.5 MG, 1 MG	NPB		rasagiline mesylate
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	PG		
bromocriptine oral capsule 5 mg	PG		
bromocriptine oral tablet 2.5 mg	PG		
carbidopa oral tablet 25 mg	PG	PA	
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	FE		carbidopa-levodopa er
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	PG		
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	PG		
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	PG		
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	NPB	ST	carbidopa-levodopa er
DHIVY ORAL TABLET 25-100 MG	FE		carbidopa-levodopa
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	NPS	PA; LA	carbidopa-levodopa, carbidopa-levodopa, carbidopa-levodopa er
entacapone oral tablet 200 mg	PG		
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	FE		immediate release amantadine capsules, amantadine tablets, or amantadine oral solution
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PS	QL	
LODOSYN ORAL TABLET 25 MG	NPB	PA	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	NPB		pramipexole di-hcl, pramipexole er, ropinirole hcl
NOURIANZ ORAL TABLET 20 MG, 40 MG	FE		cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	FE		carbidopa-levodopa er
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	NPB	QL	entacapone
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
rasagiline oral tablet 0.5 mg, 1 mg	PG		
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PG		
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	PG		
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	NPB	ST	carbidopa-levodopa er
selegiline hcl oral capsule 5 mg	PG		
selegiline hcl oral tablet 5 mg	PG		
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NPB		carbidopa-levodopa
TASMAR ORAL TABLET 100 MG	NPB	PA	tolcapone
tolcapone oral tablet 100 mg	PG	PA	
trihexyphenidyl oral elixir 0.4 mg/ml	PG		
trihexyphenidyl oral tablet 2 mg, 5 mg	PG		
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	FE		carbidopa-levodopa er
XADAGO ORAL TABLET 100 MG, 50 MG	FE		rasagiline mesylate, selegiline hcl
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	FE		rasagiline mesylate, selegiline hcl
MIGRAINE & CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	PB	PA; ST	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PB	PA; ST	
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PB	PA; ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
almotriptan malate oral tablet 12.5 mg, 6.25 mg	PG	ST; QL	
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	FE		almotriptan malate, dihydroergotamine mesylate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate
CAFERGOT ORAL TABLET 1-100 MG	NPB		ergotamine-caffeine
dihydroergotamine injection solution 1 mg/ml	PG		
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	PG	ST; QL	
eletriptan oral tablet 20 mg, 40 mg	PG	QL	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	FE		celecoxib
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PB	PA; ST	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	PB	PA; ST	
ERGOMAR SUBLINGUAL TABLET 2 MG	NPB		ergotamine-caffeine
ergotamine-caffeine oral tablet 1-100 mg	PG		
frovatriptan oral tablet 2.5 mg	PG	ST; QL	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	FE		sumatriptan succinate
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	FE		sumatriptan succinate
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	FE		sumatriptan succinate
MAXALT ORAL TABLET 10 MG	FE		rizatriptan
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	FE		rizatriptan

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
migergot rectal suppository 2-100 mg	PG		
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	NPB	ST; QL	dihydroergotamine mesylate
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 %	FE		sumatriptan succinate
naratriptan oral tablet 1 mg, 2.5 mg	PG	QL	
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	PB	PA; ST; QL	
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	FE		sumatriptan, zolmitriptan, ZOMIG
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PB	PA; ST	
RELPAX ORAL TABLET 20 MG, 40 MG	FE		eletriptan hbr
rizatriptan oral tablet 10 mg, 5 mg	PG	QL	
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	PG	QL	
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	PG	QL	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	PG	QL	
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	PG	QL	
sumatriptan-naproxen oral tablet 85-500 mg	FE		naproxen, naproxen sodium, sumatriptan succinate
SYMBRAVO ORAL TABLET 10-20 MG	NPB	ST; QL	meloxicam, rizatriptan, etodolac, ibuprofen, naratriptan hcl, sumatriptan succinate, zolmitriptan
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	NPB	ST; QL	sumatriptan, zolmitriptan, ZOMIG
TREXIMET ORAL TABLET 85-500 MG	FE		naproxen, naproxen sodium, sumatriptan succinate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	FE		almotriptan malate, dihydroergotamine mesylate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate, zolmitriptan
UBRELVY ORAL TABLET 100 MG, 50 MG	PB	PA; ST; QL	
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	FE		AIMOVIG AUTOINJECTOR, AJOVY, EMGALITY
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	FE		eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	NPB	ST; QL	sumatriptan succinate
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	NPB	ST; QL	sumatriptan, zolmitriptan, ZOMIG
zolmitriptan nasal spray,non-aerosol 5 mg	PG	ST; QL	
zolmitriptan oral tablet 2.5 mg, 5 mg	PG	QL	
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	PG	QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	PB	ST; QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	NPB	ST; QL	zolmitriptan
ZOMIG ORAL TABLET 2.5 MG, 5 MG	FE		zolmitriptan
MISCELLANEOUS NEUROLOGICAL THERAPY			
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	FE		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	FE		dalfampridine er
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	PS	LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	NPB	ST	donepezil hcl
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	FE		tetrabenazine, INGREZZA, INGREZZA SPRINKLE
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	FE		tetrabenazine, INGREZZA, INGREZZA SPRINKLE
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	FE		tetrabenazine, INGREZZA, INGREZZA SPRINKLE
dalfampridine oral tablet extended release 12 hr 10 mg	PS	PA; QL; LA	
DAYBUE ORAL SOLUTION 200 MG/ML	FE		
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG	FE		
dichlorphenamide oral tablet 50 mg	PS	LA	
donepezil oral tablet 10 mg, 5 mg	PG		
donepezil oral tablet 23 mg	PG	ST	
donepezil oral tablet,disintegrating 10 mg, 5 mg	PG		
edaravone intravenous solution 30 mg/100 ml	PS	PA	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	NPS	PA; QL; LA	SPINRAZA
EVRYSDI ORAL TABLET 5 MG	NPS	PA; QL; LA	SPINRAZA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	NPB	ST	rivastigmine
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	FE		
FIRDAPSE ORAL TABLET 10 MG	PS		
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	PG		
galantamine oral solution 4 mg/ml	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
galantamine oral tablet 12 mg, 4 mg, 8 mg	PG		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	NPB	ST	gabapentin, gabapentin er, pregabalin, pregabalin er
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	PS	PA; QL	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PS	PA; QL	
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PS	PA; QL	
KEVEYIS ORAL TABLET 50 MG	FE		dichlorphenamide, ormalvi
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	FE		
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	FE		
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	FE		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	PG		
memantine oral solution 2 mg/ml	PG		
memantine oral tablet 10 mg, 5 mg	PG		
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	NPB		memantine hcl
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	PG	ST	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	FE		AQNEURSA
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	NPB		memantine hcl er
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	FE		memantine hcl er

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PB	ST	
NUEDEXTA ORAL CAPSULE 20-10 MG	PB		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	NPS	PA	
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	FE		AMVUTTRA
ormalvi oral tablet 50 mg	PS	PA	
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML)	FE		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	PS	PA	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	PS	PA; LA	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	PG		
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	PG		
SKYCLARYS ORAL CAPSULE 50 MG	NPS	PA	
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	PS	PA	
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	PS	PA; QL; LA	
SPINRAZA (PF) INTRATHECAL SOLUTION 28 MG/5 ML, 50 MG/5 ML	PS	PA; LA	
tetrabenazine oral tablet 12.5 mg, 25 mg	PS	PA; QL; LA	
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	PS	PA; QL; LA	
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	FE		
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	FE		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	FE		AMVUTTRA
WAINUA SUBCUTANEOUS SYRINGE 45 MG/0.8 ML	FE		AMVUTTRA
XENAZINE ORAL TABLET 12.5 MG, 25 MG	FE		tetrabenazine
ZEPOSIA ORAL CAPSULE 0.92 MG	PS	PA; QL; LA	
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	PS	PA; QL; LA	
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PS	PA; QL; LA	
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	PS	PA; LA	
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	FE		donepezil hcl, galantamine, galantamine er, rivastigmine
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY			
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	FE		cyclobenzaprine hcl 5 mg or 10mg
ATMEKSI ORAL SUSPENSION 750 MG/5 ML	FE		methocarbamol
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	PG	ST	
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	PG		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	PG		
carisoprodol oral tablet 250 mg, 350 mg	NPG		metaxalone, tizanidine hcl
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	NPG	PA; QL	metaxalone, tizanidine hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
chlorzoxazone oral tablet 250 mg, 750 mg	FE		chlorzoxazone 500mg
chlorzoxazone oral tablet 375 mg	FE		
chlorzoxazone oral tablet 500 mg	PG		
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	FE		cyclobenzaprine 5 mg or 10mg
cyclobenzaprine oral tablet 10 mg, 5 mg	PG		
cyclobenzaprine oral tablet 7.5 mg	FE		cyclobenzaprine 5mg or 10mg
CYCLOTENS REFILL COMBO PACK 10 MG	FE		
CYCLOTENS STARTER COMBO PACK 10 MG	FE		
DANTRIUM ORAL CAPSULE 25 MG	NPB		dantrolene sodium
dantrolene oral capsule 100 mg, 25 mg, 50 mg	PG		
FEXMID ORAL TABLET 7.5 MG	FE		cyclobenzaprine hcl 5 mg or 10mg
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	FE		baclofen
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML	FE		
meprobamate oral tablet 200 mg, 400 mg	NPG		alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam
MESTINON ORAL SYRUP 60 MG/5 ML	FE		pyridostigmine bromide
MESTINON ORAL TABLET 60 MG	FE		pyridostigmine bromide
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	FE		pyridostigmine bromide er
metaxalone oral tablet 400 mg, 800 mg	PG		
METAXALONE ORAL TABLET 640 MG	FE		metaxalone
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NORGESIC FORTE ORAL TABLET 50-770-60 MG	FE		orphenadrine citrate, orphenadrine ER OTC asprin/caffeine
NORGESIC ORAL TABLET 25-385-30 MG	FE		orphenadrine citrate, orphenadrine ER OTC asprin/caffeine
ONTRALFY ORAL SOLUTION 2 MG/5 ML	FE		tizanidine hcl
orphenadrine citrate oral tablet extended release 100 mg	PG		
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	FE		orphenadrine citrate, orphenadrine ER OTC asprin/caffeine
orphengesic forte oral tablet 50-770-60 mg	FE		orphenadrine citrate, orphenadrine ER OTC asprin/caffeine
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	FE		baclofen
OZOBAX ORAL SOLUTION 5 MG/5 ML	FE		baclofen
pyridostigmine bromide oral syrup 60 mg/5 ml	PG		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	NPB		pyridostigmine bromide
pyridostigmine bromide oral tablet 60 mg	PG		
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	NPB		
pyridostigmine bromide oral tablet extended release 180 mg	PG		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	FE		
SOMA ORAL TABLET 250 MG, 350 MG	NPB		metaxalone, tizanidine hcl
tanlor oral tablet 1,000 mg	PG		
tizanidine oral capsule 2 mg, 4 mg, 6 mg	FE		tizandine tablets
TIZANIDINE ORAL CAPSULE 8 MG	FE		tizanidine hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tizanidine oral tablet 2 mg, 4 mg	PG		
TONMYA SUBLINGUAL TABLET 2.8 MG	FE		duloxetine hcl, milnacipran hcl, pregabalin
vanadom oral tablet 350 mg	NPG		metaxalone, tizanidine hcl
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	NPS	PA; LA	
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	NPS	PA; LA	
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	NPB		tizanidine hcl
ZANAFLEX ORAL CAPSULE 8 MG	FE		tizanidine hcl
ZANAFLEX ORAL TABLET 4 MG	NPB		tizanidine hcl
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	FE		EPYSQLI
NARCOTIC ANALGESICS			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	PG	PA; QL	
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	PG	PA; QL	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	PG	PA; QL	
ascomp with codeine oral capsule 30-50-325-40 mg	PG	PA; QL	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	PB	ST; QL	
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	PS	LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
buprenorphine hcl sublingual tablet 2 mg, 8 mg	PG		
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	PG	ST	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	PG	PA; QL	
butalbital-acetaminophen oral capsule 50-300 mg	PG		
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	PG		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	PG		
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml	PG		
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	PG		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	PG		
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	PG		
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	FE		buprenorphine
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	PG	PA; QL	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	PG	PA; QL	
DILAUDID ORAL LIQUID 1 MG/ML	NPB	PA; QL	hydromorphone hcl
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	NPB	PA; QL	hydromorphone hcl
diskets oral tablet,soluble 40 mg	PG	QL	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	NPB		
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	PG	ST; QL	
FIORICET ORAL CAPSULE 50-300-40 MG	NPB	ST	butalbital-acetaminophen-caffe
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	ST; QL	
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	PG	ST; QL	
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	PG	PA; QL	
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	PG	PA; QL	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	PG	PA; QL	
hydromorphone oral liquid 1 mg/ml	PG	PA; QL	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	PG	PA; QL	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	PG	ST; QL	
hydromorphone rectal suppository 3 mg	PG	PA; QL	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	NPB	ST; QL	hydrocodone bitartrate er
meperidine oral solution 50 mg/5 ml	NPG	PA; QL	hydromorphone hcl, morphine sulfate, oxycodone hcl
meperidine oral tablet 50 mg	NPG	PA; QL	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
methadone oral concentrate 10 mg/ml	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	PG	QL	
methadone oral tablet 10 mg, 5 mg	PG	QL	
methadone oral tablet,soluble 40 mg	PG	QL	
methadose oral concentrate 10 mg/ml	PG	QL	
methadose oral tablet,soluble 40 mg	PG	QL	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	PG	PA; QL	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	PG	ST; QL	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	PG	PA; QL	
morphine oral tablet 15 mg, 30 mg	PG	PA; QL	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	PG	ST; QL	
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	PG	PA; QL	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	NPB	ST; QL	morphine sulfate er
NALOCET ORAL TABLET 2.5-300 MG	FE		oxycodone-acetaminophen 2.5-325mg tablets
oxycodone oral capsule 5 mg	PG	PA; QL	
oxycodone oral concentrate 20 mg/ml	PG	PA; QL	
oxycodone oral solution 5 mg/5 ml	PG	PA; QL	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	PG	PA; QL	
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	FE		oxycodone hcl
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG	FE		hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	PG	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
oxycodone-acetaminophen oral tablet 10-300 mg	FE		oxycodone-acetaminophen 10-325mg tablets
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	PA; QL	
oxycodone-acetaminophen oral tablet 2.5-300 mg	FE		oxycodone-acetaminophen 2.5-325mg tablets
oxycodone-acetaminophen oral tablet 5-300 mg	FE		oxycodone-acetaminophen 5-325mg tablets
oxycodone-acetaminophen oral tablet 7.5-300 mg	FE		oxycodone-acetaminophen 7.5-325mg tablets
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	FE		hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er
oxymorphone oral tablet 10 mg, 5 mg	PG	PA; QL	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	PG	ST; QL	
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	FE		oxycodone-acetaminophen
PRIMLEV ORAL TABLET 10-300 MG	FE		oxycodone-acetaminophen 10-325mg tablets
PRIMLEV ORAL TABLET 5-300 MG	FE		oxycodone-acetaminophen 5-325mg tablets
PRIMLEV ORAL TABLET 7.5-300 MG	FE		oxycodone-acetaminophen 7.5-325mg tablets
PROLATE ORAL SOLUTION 10-300 MG/5 ML	FE		oxycodone-acetaminophen
prolate oral tablet 10-300 mg	FE		oxycodone-acetaminophen 10-325mg tablets
prolate oral tablet 5-300 mg	FE		oxycodone-acetaminophen 5-325mg tablets
prolate oral tablet 7.5-300 mg	FE		oxycodone-acetaminophen 7.5-325mg tablets
ROXICODONE ORAL TABLET 15 MG, 30 MG	NPB	PA; QL	oxycodone hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	FE		oxycodone hcl
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	PS	LA	
tencon oral tablet 50-325 mg	PG		
TREZIX ORAL CAPSULE 320.5-30-16 MG	NPB	PA; QL	apap-caffeine-dihydrocodeine
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	NPB	ST; QL	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er
NON-NARCOTIC ANALGESICS			
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	NPG	ACA	
ANAPROX DS ORAL TABLET 550 MG	NPB	ST	naproxen sodium
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	NPB	ST	diclofenac sodium-misoprostol
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	NPB	ST	diclofenac sodium-misoprostol
aspirin childrens oral tablet,chewable 81 mg	PG	ACA	
aspirin oral tablet,chewable 81 mg	PG	ACA	
aspirin oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	PG		
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	PG		
butorphanol injection solution 1 mg/ml, 2 mg/ml	PG	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
butorphanol nasal spray,non-aerosol 10 mg/ml	PG	PA; QL	
CAMBIA ORAL POWDER IN PACKET 50 MG	NPB	ST; QL	diclofenac potassium
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	FE		celecoxib
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	PG		
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	FE		tramadol hcl er
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	FE		tramadol hcl er
COXANTO ORAL CAPSULE 300 MG	FE		oxaprozin, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		diclofenac sodium
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	FE		FLECTOR, LICART
diclofenac potassium oral capsule 25 mg	PG	ST	
diclofenac potassium oral powder in packet 50 mg	PG	ST; QL	
diclofenac potassium oral tablet 25 mg	PG	ST	
diclofenac potassium oral tablet 50 mg	PG		
diclofenac sodium oral tablet extended release 24 hr 100 mg	PG		
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	PG		
diclofenac sodium topical drops 1.5 %	PG	QL	
diclofenac sodium topical gel 1 %	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	PG	ST; QL	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	FE		diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	PG		
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	FE		
DICLOGEN TOPICAL KIT 1.5-10-4 %	FE		
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %	FE		
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		diclofenac sodium
DICLOTREX TOPICAL KIT 1.5-10-4 %	FE		
diflunisal oral tablet 500 mg	PG		
DIMENTHO TOPICAL KIT 1.5-10 %	FE		
DITHOL TOPICAL COMBO PACK 1.5-10 %	FE		
DOLOBID ORAL TABLET 250 MG	FE		diclofenac sodium, diflunisal, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, etodolac, flurbiprofen, ketoprofen, oxaprozin, piroxicam

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DOLOBID ORAL TABLET 375 MG	FE		diclofenac sodium, diflunisal, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	FE		MONOVISC, ORTHOVISC
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	NPB	ST	naproxen
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
etodolac oral capsule 200 mg, 300 mg	PG		
etodolac oral tablet 400 mg, 500 mg	PG		
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	PG		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	FE		MONOVISC, ORTHOVISC
FENOPROFEN ORAL CAPSULE 200 MG	FE		fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
fenoprofen oral capsule 400 mg	PG	ST	
fenoprofen oral tablet 600 mg	PG	ST	
FENOPRON ORAL CAPSULE 300 MG	FE		fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE		
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	PB	ST; QL	
flurbiprofen oral tablet 100 mg	PG		
FROTEK TOPICAL CREAM IN PACKET 10 %	FE		
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	FE		MONOVISC, ORTHOVISC
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	FE		MONOVISC, ORTHOVISC
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	FE		MONOVISC, ORTHOVISC
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	FE		MONOVISC, ORTHOVISC
HYMOVIS ONE INTRA-ARTICULAR SYRINGE 32 MG/4 ML	FE		MONOVISC, ORTHOVISC
ibu oral tablet 400 mg, 600 mg, 800 mg	PG		
IBUPAK ORAL KIT 600 MG	FE		
ibuprofen oral suspension 100 mg/5 ml	PG		
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	PG		
ibuprofen-famotidine oral tablet 800-26.6 mg	FE		ibuprofen, famotidine
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
INDOCIN ORAL SUSPENSION 25 MG/5 ML	FE		indomethacin, ibuprofen suspension, naproxen suspension
INDOCIN RECTAL SUPPOSITORY 50 MG	FE		
indomethacin oral capsule 25 mg, 50 mg	PG		
indomethacin oral capsule, extended release 75 mg	PG		
indomethacin oral suspension 25 mg/5 ml	PG	ST	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	FE		
indomethacin rectal suppository 50 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	FE		diclofenac sodium
JOURNAVX ORAL TABLET 50 MG	NPB	QL	acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
KERAXA TOPICAL GEL 3-2-4 %	FE		
ketoprofen oral capsule 25 mg	FE		Prescription-strength, oral NSAIDs. Examples include: fenoprofen (tablets/generic), diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics),
ketoprofen oral capsule 50 mg, 75 mg	PG		
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	PG	ST	
ketorolac oral tablet 10 mg	PG	QL	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	PB	QL	
LEXTOL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	PB	ST; QL	
LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML	FE		
LIXOFEN TOPICAL KIT 1.5 %	FE		
LODINE ORAL TABLET 400 MG	NPB	ST	
lofena oral tablet 25 mg	PG	ST	
lofexidine oral tablet 0.18 mg	PG	QL	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	NPB		
LUCEMYRA ORAL TABLET 0.18 MG	FE		lofexidine hcl
lurbiro oral tablet 100 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
meclofenamate oral capsule 100 mg, 50 mg	PG		
mefenamic acid oral capsule 250 mg	PG		
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	FE		ibuprofen, naproxen
meloxicam oral tablet 15 mg, 7.5 mg	PG	QL	
meloxicam submicronized oral capsule 10 mg, 5 mg	PG	ST; QL	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	PS	PA; LA	
nabumetone oral tablet 500 mg, 750 mg	PG		
NALFON ORAL CAPSULE 400 MG	FE		fenoprofen calcium
NALFON ORAL TABLET 600 MG	NPB	ST	fenoprofen calcium
naloxone injection solution 0.4 mg/ml	PG		
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	PG		
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	NPB		
naltrexone oral tablet 50 mg	PG		
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	NPB	ST	naproxen sodium er
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	NPB	ST	naproxen
NAPROSYN ORAL TABLET 500 MG	NPB	ST	naproxen
naproxen oral suspension 125 mg/5 ml	PG	ST	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PG		
naproxen oral tablet,delayed release (dr/ec) 375 mg	PG		
naproxen oral tablet,delayed release (dr/ec) 500 mg	PG	ST	
naproxen sodium oral tablet 275 mg, 550 mg	PG		
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	FE		naproxen, naproxen sodium, naproxen, esomeprazole magnesium
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	NPB	QL	naloxone hcl
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	FE		hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	FE		tapentadol hcl
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	NPB		naloxone hcl, KLOXXADO, REXTOVY
ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE		
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	PS	PA; LA	
ORTHREXO TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE		
ORUDIS ORAL CAPSULE 75 MG	NPB	ST	ketoprofen
OXAPROZIN ORAL CAPSULE 300 MG	FE		oxaprozin, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone
oxaprozin oral tablet 600 mg	PG		
pentazocine-naloxone oral tablet 50-0.5 mg	NPG	PA; QL	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
piroxicam oral capsule 10 mg, 20 mg	PG		
PROFINAC TOPICAL KIT 1.5 %	FE		
RELAFEN DS ORAL TABLET 1,000 MG	FE		nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	PB	QL	
ROAOXIA TOPICAL GEL 3-2-4 %	FE		
salsalate oral tablet 500 mg, 750 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	FE		diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen
st joseph aspirin oral tablet,chewable 81 mg	PG	ACA	
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	NPG	ACA	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	FE		buprenorphine-naloxone
sulindac oral tablet 150 mg, 200 mg	PG		
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	FE		MONOVISC, ORTHOVISC
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	FE		MONOVISC, ORTHOVISC
tapentadol oral tablet 100 mg, 50 mg, 75 mg	PG	PA; QL	
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	FE		hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er
TOLECTIN 600 ORAL TABLET 600 MG	NPB	ST	
tolectin ds oral capsule 400 mg	PG	ST	
tolmetin oral capsule 400 mg	PG	ST	
tolmetin oral tablet 600 mg	PG	ST	
TORONOVA II SUIK KIT 30 MG/ML	FE		
TORONOVA SUIK KIT 30 MG/ML	FE		
torvex topical kit, cream and solution 1.5-15-10 %	FE		
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	FE		tramadol hcl er
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	FE		tramadol hcl er

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRAMADOL ORAL SOLUTION 5 MG/ML	FE		tramadol hcl
tramadol oral tablet 100 mg, 50 mg	PG	PA; QL	
TRAMADOL ORAL TABLET 25 MG, 75 MG	FE		tramadol hcl
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	PG	QL	
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	PG	QL	
tramadol-acetaminophen oral tablet 37.5-325 mg	PG	PA; QL	
TRESNI RECTAL SUPPOSITORY 100 MG	FE		
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE		
VENNGEL II TOPICAL KIT 1 %	FE		
VENNGEL ONE TOPICAL KIT 1 %	FE		
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	PS	LA	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	FE		diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen, piroxicam, indomethacin
VYSCOXA ORAL SUSPENSION 10 MG/ML	FE		celecoxib
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	FE		diclofenac sodium

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE		
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	FE		naloxone hcl
ZIPSOR ORAL CAPSULE 25 MG	FE		diclofenac potassium
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	FE		diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen, piroxicam, indomethacin
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	PB		
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	FE		naloxone hcl, naloxone hcl, KLOXXADO
ZYBIC ORAL SUSPENSION 7.5 MG/5 ML	FE		ibuprofen, naproxen
PSYCHOTHERAPEUTIC DRUGS			
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	FE		aripiprazole
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	NPB		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	FE		dextroamphetamine-amphetamine
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	FE		dextroamphetamine-amphet er
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	NPB		dextroamphetamine-amphet er, lisdexamfetamine dimesylate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
alprazolam intensol oral concentrate 1 mg/ml	PG		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	PG		
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	FE		zolpidem tartrate er
AMBIEN ORAL TABLET 10 MG, 5 MG	FE		zolpidem tartrate
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	PG		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PG		
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	PG		
amphetamine sulfate oral tablet 10 mg, 5 mg	PG		
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	NPB		clomipramine hcl
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	FE		bupropion xl
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	FE		methylphenidate er
aripiprazole oral solution 1 mg/ml	PG		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PG	QL	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	PG	PA	
ARYNTA ORAL SOLUTION 10 MG/ML	FE		amphetamine er odt, citalopram hbr, dextroamphetamine-amphet er, imipramine hcl, lisdexamfetamine dimesylate, topiramate, zonisamide
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	PG	QL	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	NPB		lorazepam
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	PG		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	NPB	ST; QL	bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	PB		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	NPB	ST	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	FE		buspirone hcl
bupropion hcl oral tablet 100 mg, 75 mg	PG		
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	PG	QL	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	FE		bupropion xl
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	PG	QL	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG		
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	FE		
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	FE		
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	FE		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	FE		citalopram hbr
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PG		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	PG		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PG		
citalopram oral capsule 30 mg	PG	ST; QL	
citalopram oral solution 10 mg/5 ml	PG		
citalopram oral tablet 10 mg, 20 mg, 40 mg	PG	QL	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	PG		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	PG		
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG		
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PG		
CLOZARIL ORAL TABLET 100 MG, 25 MG	NPB		clozapine

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	FE		methylphenidate er
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	NPB		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	NPB		methylphenidate
DAYVIGO ORAL TABLET 10 MG, 5 MG	NPB	ST	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
DESOXYN ORAL TABLET 5 MG	NPB		methamphetamine hcl
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	NPB	ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	PG	ST; QL	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	NPB		dextroamphetamine sulfate er
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	PG		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	PG		
dextroamphetamine sulfate oral solution 5 mg/5 ml	PG		
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	PG		
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	PG		
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	PG	ST	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	PG		
diazepam intensol oral concentrate 5 mg/ml	PG		
diazepam oral solution 5 mg/5 ml (1 mg/ml)	PG		
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG		
DORAL ORAL TABLET 15 MG	FE		estazolam, lorazepam
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
doxepin oral concentrate 10 mg/ml	PG		
doxepin oral tablet 3 mg, 6 mg	PG	ST	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	FE		desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	PG	QL	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	PG	ST; QL	
DULOXICAINE KIT 30 MG- 4%	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	FE		amphetamine er odt, dextroamphetamine-amphet er, lisdexamfetamine dimesylate
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	FE		amphetamine er odt, dextroamphetamine-amphet er, lisdexamfetamine dimesylate
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	NPB	ST	eszopiclone, zaleplon, zolpidem tartrate
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	FE		venlafaxine hcl er
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	NPB		phenelzine sulfate, tranylcypromine sulfate
ergoloid oral tablet 1 mg	PG		
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	FE		escitalopram oxalate
escitalopram oxalate oral solution 5 mg/5 ml	PG	ST	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	QL	
estazolam oral tablet 1 mg, 2 mg	PG		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PG		
EVEKEO ORAL TABLET 10 MG, 5 MG	FE		amphetamine sulfate
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	FE		amitriptyline hcl, bupropion hcl, duloxetine hcl, mirtazapine, sertraline hcl, trazodone hcl, vilazodone hcl
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	FE		amitriptyline hcl, bupropion hcl, duloxetine hcl, mirtazapine, sertraline hcl, trazodone hcl, vilazodone hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	PB	ST; QL	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	PB	ST; QL	
fluoxetine oral capsule 10 mg, 40 mg	PG	QL	
fluoxetine oral capsule 20 mg	PG		
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	PG	ST; QL	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	PG		
fluoxetine oral tablet 10 mg	PG	ST; QL	
fluoxetine oral tablet 20 mg, 60 mg	PG	ST	
fluphenazine hcl oral concentrate 5 mg/ml	PG		
fluphenazine hcl oral elixir 2.5 mg/5 ml	PG		
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
flurazepam oral capsule 15 mg, 30 mg	PG		
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	PG	ST; QL	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	FE		dexmethylphenidate hcl
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	FE		dexmethylphenidate hcl er
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	NPB	QL	ziprasidone hcl
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	PG		
HALCION ORAL TABLET 0.25 MG	NPB		triazolam
haloperidol lactate oral concentrate 2 mg/ml	PG		
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PG		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	NPS	PA; LA	
HETLIOZ ORAL CAPSULE 20 MG	NPS	PA; LA	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	NPB		
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	PG		
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	PG		
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	FE		guanfacine hcl er
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	NPB	QL	paliperidone er

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	NPB		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	FE		lurasidone hcl
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	FE		escitalopram oxalate
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	PG		
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PG		
lithium carbonate oral tablet 300 mg	PG		
lithium carbonate oral tablet extended release 300 mg, 450 mg	PG		
lithium citrate oral solution 8 meq/5 ml	PG		
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	NPB		lithium carbonate
lorazepam intensol oral concentrate 2 mg/ml	PG		
lorazepam oral concentrate 2 mg/ml	PG		
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG		
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	FE		lorazepam
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PG		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	PS	ST; QL; LA	
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	PS	ST; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	FE		eszopiclone
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG	QL	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
MARPLAN ORAL TABLET 10 MG	NPB		phenelzine sulfate, tranylcypromine sulfate
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	NPB		
methamphetamine oral tablet 5 mg	PG		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	NPB		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	PG		
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	PG		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	PG		
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	PG		
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	PG		
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	FE		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
methylphenidate hcl oral tablet extended release 24hr 72 mg	PG		
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	PG		
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	PG		
midazolam oral syrup 2 mg/ml	PG		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PG		
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	PG		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	NPB		
modafinil oral tablet 100 mg, 200 mg	PG	PA	
molindone oral tablet 10 mg, 25 mg, 5 mg	PG		
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	FE		dextroamphetamine-amphet er
NARDIL ORAL TABLET 15 MG	NPB		phenelzine sulfate
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	NPG		bupropion hcl, mirtazapine, trazodone hcl
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PG		
nortriptyline oral solution 10 mg/5 ml	PG		
NUPLAZID ORAL CAPSULE 34 MG	NPS	QL; LA	clozapine, quetiapine fumarate
NUPLAZID ORAL TABLET 10 MG	NPS	QL; LA	clozapine, quetiapine fumarate
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	FE		armodafinil
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	PG	QL	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PG		
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	FE		clonidine hcl er
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	FE		aripiprazole odt, aripiprazole
oxazepam oral capsule 10 mg, 15 mg, 30 mg	NPG		lorazepam
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	PG	QL	
PARNATE ORAL TABLET 10 MG	NPB		tranylcypromine sulfate
paroxetine hcl oral suspension 10 mg/5 ml	PG	ST	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PG	QL	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	PG	ST; QL	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	FE		paroxetine er, paroxetine hcl
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	NPB	ST; QL	paroxetine er
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	NPB	ST; QL	paroxetine hcl
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PG		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PG		
phenelzine oral tablet 15 mg	PG		
pimozide oral tablet 1 mg, 2 mg	PG		
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	FE		desvenlafaxine succinate er

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
procentra oral solution 5 mg/5 ml	PG		
protriptyline oral tablet 10 mg, 5 mg	NPG		desipramine hcl, nortriptyline hcl
PROVIGIL ORAL TABLET 100 MG, 200 MG	FE		modafinil
PROZAC ORAL CAPSULE 10 MG, 20 MG	FE		fluoxetine hcl
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	NPB	ST	atomoxetine hcl, clonidine hcl er, guanfacine hcl er
QUAZEPAM ORAL TABLET 15 MG	FE		estazolam, lorazepam
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PG	QL	
QUETIAPINE ORAL TABLET 150 MG	FE		quetiapine fumarate
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PG	QL	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	FE		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	FE		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
QUVIVIQ ORAL TABLET 25 MG, 50 MG	NPB	ST	doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er
RALDESY ORAL SOLUTION 10 MG/ML	FE		trazodone hcl
ramelteon oral tablet 8 mg	PG		
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	FE		methylphenidate er

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	FE		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
REMERON ORAL TABLET 15 MG, 30 MG	NPB		mirtazapine
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	NPB		mirtazapine
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	NPB		lorazepam
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
RISPERDAL ORAL SOLUTION 1 MG/ML	NPB		risperidone
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NPB	QL	risperidone
risperidone oral solution 1 mg/ml	PG		
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	QL	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	QL	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	FE		methylphenidate hcl
ROZEREM ORAL TABLET 8 MG	FE		ramelteon
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	FE		asenapine maleate
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	FE		quetiapine fumarate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	FE		quetiapine fumarate er
sertraline oral capsule 150 mg, 200 mg	PG	ST; QL	
sertraline oral concentrate 20 mg/ml	PG		
sertraline oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
SILENOR ORAL TABLET 3 MG, 6 MG	NPB	ST	doxepin hcl
sodium oxybate oral solution 500 mg/ml	PS	ST; QL; LA	
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	PS		
SUNOSI ORAL TABLET 150 MG, 75 MG	PB	PA	
tasimelteon oral capsule 20 mg	NPS	PA; LA	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	NPG		lorazepam
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG		
tranylcypromine oral tablet 10 mg	PG		
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PG		
triazolam oral tablet 0.125 mg, 0.25 mg	PG		
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PG		
trimipramine oral capsule 100 mg, 25 mg, 50 mg	PG		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	NPB	ST; QL	citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	FE		diazepam

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	FE		desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	PG	QL	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	QL	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	FE		venlafaxine ER capsules
VERSACLOZ ORAL SUSPENSION 50 MG/ML	NPB		clozapine odt, clozapine
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	FE		vilazodone hcl
vilazodone oral tablet 10 mg, 20 mg, 40 mg	PG	ST; QL	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	NPB		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	NPS	PA; QL	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	FE		lisdexamfetamine dimesylate capsules
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	FE		lisdexamfetamine dimesylate
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	NPS	PA; LA	armodafinil, modafinil, sodium oxybate, LUMRYZ, SUNOSI
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	FE		bupropion sr

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	FE		bupropion xl
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	FE		alprazolam
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	FE		amphetamine er odt, dextroamphetamine sulfate er, dextroamphetamine-amphet er, lisdexamfetamine dimesylate
XYREM ORAL SOLUTION 500 MG/ML	FE		sodium oxybate
XYWAV ORAL SOLUTION 0.5 GRAM/ML	PS	ST; QL	
zaleplon oral capsule 10 mg, 5 mg	PG		
zenzedi oral tablet 10 mg, 5 mg	PG		
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NPB		dextroamphetamine sulfate
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PG	QL	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	FE		sertraline hcl
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	FE		sertraline hcl
ZOLPIDEM ORAL CAPSULE 7.5 MG	FE		eszopiclone, zaleplon, zolpidem tartrate
zolpidem oral tablet 10 mg, 5 mg	PG		
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	PG		
zolpidem sublingual tablet 1.75 mg, 3.5 mg	PG		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	PS	QL	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	NPB	QL	olanzapine
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	NPB	QL	olanzapine odt

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AUTONOMIC & CNS DRUGS, NEUROLOGY			
MULTIPLE SCLEROSIS AGENTS			
AUBAGIO ORAL TABLET 14 MG, 7 MG	FE		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PS	PA; QL; LA	
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PS	PA; QL; LA	
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	PS	PA; QL; LA	
BETASERON SUBCUTANEOUS KIT 0.3 MG	PS	PA; QL; LA	
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	FE		
cladribine(multiple sclerosis) oral tablet 10 mg	PS	PA; QL	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	FE		
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	PS	PA; QL; LA	
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	PS	PA; QL	
fingolimod oral capsule 0.5 mg	PS	PA; QL; LA	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	FE		
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	PS	PA; QL; LA	
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	PS	PA; QL; LA	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PS	PA; QL; LA	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	NPS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	FE		
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	FE		
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	FE		
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	FE		
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	FE		
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	FE		
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	FE		
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PS	PA; QL; LA	
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PS	PA; QL; LA	
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PS	PA; QL; LA	
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	PS	PA; QL; LA	
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	PS	PA; QL; LA	
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	PS	PA; QL; LA	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PS	PA; QL; LA	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PS	PA; QL; LA	
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	FE		
PONVORY ORAL TABLET 20 MG	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	PS	PA; QL; LA	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PS	PA; QL; LA	
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PS	PA; QL; LA	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	FE		
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	FE		
teriflunomide oral tablet 14 mg, 7 mg	PS	PA; QL; LA	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PS	PA; QL; LA	
CARDIOVASCULAR, HYPERTENSION & LIPIDS			
ANTIARRHYTHMIC AGENTS			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	PG		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	NPB		sotalol af
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NPB		sotalol
disopyramide phosphate oral capsule 100 mg, 150 mg	NPG		amiodarone hcl, quinidine sulfate, sotalol
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PG		
flecainide oral tablet 100 mg, 150 mg, 50 mg	PG		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MULTAQ ORAL TABLET 400 MG	PB		
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	FE		amiodarone hcl, quinidine sulfate, sotalol
NORPACE ORAL CAPSULE 100 MG, 150 MG	FE		amiodarone hcl, quinidine sulfate, sotalol
pacerone oral tablet 100 mg, 200 mg	PG		
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	PG		
propafenone oral tablet 150 mg, 225 mg, 300 mg	PG		
quinidine gluconate oral tablet extended release 324 mg	PG		
quinidine sulfate oral tablet 200 mg, 300 mg	PG		
sotalol af oral tablet 120 mg, 160 mg, 80 mg	PG		
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	PG		
SOTYLIZE ORAL SOLUTION 5 MG/ML	PB		
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	FE		dofetilide
ANTIHYPERTENSIVE THERAPY			
acebutolol oral capsule 200 mg, 400 mg	PG		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		spironolactone
aliskiren oral tablet 150 mg, 300 mg	PG		
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	NPB		ramipril
amiloride oral tablet 5 mg	PG		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	PG		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	PG		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	PG		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	PG		
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	PG		
ARBLI ORAL SUSPENSION 10 MG/ML	FE		losartan potassium
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	FE		candesartan-hydrochlorothiazid
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	FE		candesartan cilexetil
atenolol oral tablet 100 mg, 25 mg, 50 mg	PG		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	PG		
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	FE		irbesartan-hydrochlorothiazide
AVAPRO ORAL TABLET 150 MG, 300 MG	FE		irbesartan
AZILSARTAN MEDOXOMIL ORAL TABLET 40 MG, 80 MG	FE		
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	FE		amlodipine-olmesartan
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	PG		
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	FE		olmesartan-hydrochlorothiazide
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	FE		olmesartan medoxomil

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
betaxolol oral tablet 10 mg, 20 mg	PG		
BIDIL ORAL TABLET 20-37.5 MG	FE		isosorbide dinit-hydralazine
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG		
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	FE		bisoprolol fumarate
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	PG		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	PG		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	FE		nebivolol hcl
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	PG		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG		
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	PG		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY	NPB		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	NPB		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	NPB		matzim la
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NPB		diltiazem hcl
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	NPB	QL	doxazosin mesylate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	NPB	QL	alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	FE		spironolactone
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	PG		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	PG		
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	PG		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	NPB	QL	clonidine hcl
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	NPB	QL	clonidine hcl
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	NPB	QL	clonidine hcl
chlorthalidone oral tablet 25 mg, 50 mg	PG		
CLONIDINE HCL ORAL TABLET 0.05 MG	FE		clonidine hcl
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	PG		
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	FE		clonidine hcl, clonidine hcl
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	PG	QL	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	FE		amlodipine besylate, felodipine er, nifedipine er, nisoldipine
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	FE		
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	NPB		carvedilol er
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	FE		carvedilol

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	FE		losartan potassium
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	PG		
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	PG		
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG		
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG		
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	PG		
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	FE		valsartan-hydrochlorothiazide
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	FE		valsartan
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	PG	QL	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	FE		amiloride hcl, eplerenone, spironolactone
EDARBI ORAL TABLET 40 MG, 80 MG	FE		candesartan cilexetil, irbesartan, losartan potassium, olmesartan medoxomil, telmisartan, valsartan

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	FE		chlorthalidone, valsartan, candesartan-hydrochlorothiazid, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
EDECRIN ORAL TABLET 25 MG	NPB	ST	ethacrynic acid
enalapril maleate oral solution 1 mg/ml	PG		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG		
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	PG		
ENBUMYST NASAL SPRAY,NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)	FE		bumetanide, ethacrynic acid, furosemide, torsemide
EPANED ORAL SOLUTION 1 MG/ML	FE		enalapril maleate
eplerenone oral tablet 25 mg, 50 mg	PG		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	PS	PA; LA	
ethacrynic acid oral tablet 25 mg	PG		
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	FE		amlodipine-valsartan-hctz
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	FE		amlodipine-valsartan
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	PG		
FLOLAN INTRAVENOUS RECON SOLN 1.5 MG	PS	PA; LA	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	PG		
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	PG		
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	FE		bumetanide, ethacrynic acid, furosemide, torsemide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	PG		
furosemide oral tablet 20 mg, 40 mg, 80 mg	PG		
guanfacine oral tablet 1 mg, 2 mg	PG		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	PS	ST	
HEMICLOR ORAL TABLET 12.5 MG	FE		chlorthalidone
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG		
hydrochlorothiazide oral capsule 12.5 mg	PG		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	PG		
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	FE		losartan-hydrochlorothiazide
indapamide oral tablet 1.25 mg, 2.5 mg	PG		
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	FE		propranolol hcl er
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	FE		propranolol hcl er
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	FE		propranolol hcl er
INSPRA ORAL TABLET 25 MG	NPB		eplerenone
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	FE		hydrochlorothiazide
irbesartan oral tablet 150 mg, 300 mg, 75 mg	PG		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	PG		
isosorbide-hydralazine oral tablet 20-37.5 mg	PG		
isradipine oral capsule 2.5 mg, 5 mg	PG		
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	FE		clonidine hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	FE		metoprolol succinate
KATERZIA ORAL SUSPENSION 1 MG/ML	FE		amlodipine besylate
KERENDIA ORAL TABLET 10 MG, 20 MG	PB	QL	
KERENDIA ORAL TABLET 40 MG	PB		
labetalol oral tablet 100 mg, 200 mg, 300 mg	PG		
LABETALOL ORAL TABLET 400 MG	FE		labetalol hcl
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML	FE		bumetanide, ethacrynic acid, furosemide, torsemide
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	NPB	ST	furosemide
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	FE		amlodipine besylate, felodipine er, nifedipine er, nisoldipine
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG		
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG		
LOPRESSOR ORAL SOLUTION 10 MG/ML	FE		metoprolol tartrate
LOPRESSOR ORAL TABLET 100 MG, 50 MG	NPB		metoprolol tartrate
LOPRESSOR ORAL TABLET 12.5 MG	FE		metoprolol tartrate
losartan oral tablet 100 mg, 25 mg, 50 mg	PG		
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	PG		
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		benazepril-hydrochlorothiazide
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NPB		benazepril hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	FE		amlodipine besylate-benazepril
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
methyldopa oral tablet 250 mg, 500 mg	PG		
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG		
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	PG		
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	PG		
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG		
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	FE		metoprolol tartrate
metyrosine oral capsule 250 mg	PG		
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	FE		telmisartan-hydrochlorothiazid
MICARDIS ORAL TABLET 40 MG, 80 MG	NPB	ST	telmisartan
minoxidil oral tablet 10 mg, 2.5 mg	PG		
moexipril oral tablet 15 mg, 7.5 mg	PG		
nadolol oral tablet 20 mg, 40 mg, 80 mg	PG		
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG		
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	FE		clonidine hcl, clonidine hcl
nicardipine oral capsule 20 mg, 30 mg	PG		
nifedipine oral capsule 10 mg, 20 mg	NPG		nicardipine hcl, isradipine
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	PG		
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	PG		
nimodipine oral capsule 30 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
nimodipine oral solution 60 mg/20 ml	PG		
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	PG		
NORLIQVA ORAL SOLUTION 1 MG/ML	FE		amlodipine besylate
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	FE		amlodipine besylate
NYMALIZE ORAL SOLUTION 60 MG/10 ML	NPB		nimodipine
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	NPB		nimodipine
olmesartan oral tablet 20 mg, 40 mg, 5 mg	PG		
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	PG		
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	PG		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	NPS	PA; QL; LA	UPTRAVI
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	NPS	PA; QL; LA	UPTRAVI
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	NPS	PA; QL; LA	UPTRAVI
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	NPS	PA; QL; LA	UPTRAVI
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	PG		
phenoxybenzamine oral capsule 10 mg	PG		
pindolol oral tablet 10 mg, 5 mg	PG		
prazosin oral capsule 1 mg, 2 mg, 5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	NPB	ST	amlodipine besylate-benazepril
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	NPB	ST	nifedipine er
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	PG		
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	PG		
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG		
QBRELIS ORAL SOLUTION 1 MG/ML	FE		lisinopril
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG		
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG		
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG		
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	NPS	PA; LA	treprostinil
SDAMLO ORAL POWDER IN CONTAINER 10 MG, 2.5 MG, 5 MG	FE		amlodipine besylate
SOAANZ ORAL TABLET 40 MG	FE		bumetanide, ethacrynic acid, furosemide, torsemide
spironolactone oral suspension 25 mg/5 ml	PG		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	PG		
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	PG		
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	NPB	ST	nisoldipine
TEKTURNA ORAL TABLET 150 MG, 300 MG	FE		aliskiren

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG		
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	FE		amlodipine-olmesartan, amlodipine-valsartan
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG		
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		atenolol
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	QL	
TEZRULY ORAL SOLUTION 1 MG/ML	FE		terazosin hcl
THALITONE ORAL TABLET 15 MG	FE		chlorthalidone
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NPB		diltiazem er, taztia xt
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	PG		
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	FE		metoprolol succinate
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG		
trandolapril oral tablet 1 mg, 2 mg, 4 mg	PG		
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	PG		
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	PS	PA; LA	
triamterene oral capsule 100 mg, 50 mg	NPG		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	PG		
TRIBENZOR 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	FE		olmesartan-amlodipine-hctz
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	NPS		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PS	PA; QL; LA	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	PS	PA; QL; LA	
valsartan oral solution 4 mg/ml	PG		
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG		
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG		
VASERETIC ORAL TABLET 10-25 MG	NPB		enalapril-hydrochlorothiazide
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NPB		enalapril maleate
veletri intravenous recon soln 0.5 mg, 1.5 mg	PS	PA; LA	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	PG	ST	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	PG		
verapamil oral tablet 120 mg, 40 mg, 80 mg	PG		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	PG		
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		lisinopril-hydrochlorothiazide
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	NPB		lisinopril
CARDIAC GLYCOSIDES			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	PG		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	PG		
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	NPB		digoxin
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	PS	PA; LA	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	PS	PA; LA	
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA	
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	PS	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)	PS	PA; LA	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	PS	PA; LA	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	PS	PA; LA	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	FE		eltrombopag olamine, DOPTELET, NPLATE
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	NPB		aminocaproic acid
AMICAR ORAL TABLET 1,000 MG, 500 MG	NPB		aminocaproic acid
aminocaproic acid oral solution 250 mg/ml (25 %)	PG		
aminocaproic acid oral tablet 1,000 mg, 500 mg	PG		
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	NPS		fondaparinux sodium
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	PG		
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	PS	PA; LA	
BRILINTA ORAL TABLET 60 MG, 90 MG	FE		ticagrelor
CABLIVI INJECTION KIT 11 MG	PS	PA	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	PS	PA; LA	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	PS	PA; LA	
cilostazol oral tablet 100 mg, 50 mg	PG		
clopidogrel oral tablet 300 mg, 75 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PS	LA	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	PG		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	PG		
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	PS	PA; QL; LA	
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	PS	PA; QL; LA	
EFFIENT ORAL TABLET 10 MG, 5 MG	NPB		prasugrel hcl
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	PB		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	PB		
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	PB		
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	PB		
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	PS	PA; LA	
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	PS	PA; LA	
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	PS	LA	
enoxaparin subcutaneous solution 300 mg/3 ml	PS		
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	PS		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	FE		
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	PS	LA	
FESILTY INTRAVENOUS RECON SOLN 1 GRAM	FE		
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG)	NPS	PA	
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	PS		
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	PS		
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	PS		
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	PS	PA; LA	
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	PS	PA; LA	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	PS	PA; LA	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	PS	PA; LA	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	PS	PA; LA	
hep flush-10 (pf) intravenous solution 10 unit/ml	PG		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	PG		
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)	NPB		
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)	PG		
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	PG		
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML)	NPB		
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	PG		
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	PG		
heparin (porcine) injection syringe 5,000 unit/ml	PG		
heparin lock flush (porcine) intravenous solution 10 unit/ml	PG		
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	NPB		
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	PG		
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	PG		
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	PG		
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	PG		
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	PS	PA; LA	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PS	PA; LA	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	FE		BENEFIX
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA; LA	ALPHANATE, HEMOFIL-M, HUMATE-P, WILATE
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	FE		enoxaparin sodium

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOVENOX 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	FE		enoxaparin sodium
MULPLETA ORAL TABLET 3 MG	FE		DOPTELET
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	FE		SEVENFACT
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	PS	PA; LA	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	FE		ADVATE, AFSTYLA, ALTUVIIIO, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	PS		
pentoxifylline oral tablet extended release 400 mg	PG		
PLAVIX ORAL TABLET 75 MG	FE		clopidogrel
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	FE		dabigatran etexilate
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	FE		dabigatran etexilate, rivaroxaban, ELIQUIS, XARELTO
prasugrel hcl oral tablet 10 mg, 5 mg	PG		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	FE		eltrombopag olamine
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	FE		eltrombopag olamine

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	FE		ALHEMO PEN, HEMLIBRA, HYMPAVZI PEN
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	FE		ALHEMO PEN, HEMLIBRA, HYMPAVZI PEN
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	FE		ALPROLIX, IDELVION
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	FE		ADVATE, AFSTYLA, ALTUVIIIO, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	PS	PA; LA	
rivaroxaban oral suspension for reconstitution 1 mg/ml	PG		
rivaroxaban oral tablet 2.5 mg	PG		
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	FE		BENEFIX
ROCTAVIAN INTRAVENOUS SUSPENSION 2 X 10EXP13 VG/ML	PS	PA; LA	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	FE		dabigatran etexilate, ELIQUIS, XARELTO
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	PS	LA	
TAVALISSE ORAL TABLET 100 MG, 150 MG	PS	PA; QL	
ticagrelor oral tablet 60 mg, 90 mg	PG		
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG		
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	PB		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	PB		
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	PB		
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	FE		aspirin, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
ZONTIVITY ORAL TABLET 2.08 MG	NPB	PA	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	PG	QL	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	FE		atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
atorvastatin oral tablet 10 mg, 20 mg	PG	QL; ACA	
atorvastatin oral tablet 40 mg, 80 mg	PG	QL	
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	NPB	ST; QL	amlodipine-atorvastatin
cholestyramine (with sugar) oral powder 4 gram	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cholestyramine (with sugar) oral powder in packet 4 gram	PG		
cholestyramine light oral powder 4 gram	PG		
cholestyramine light oral powder in packet 4 gram	PG		
colesevelam oral powder in packet 3.75 gram	PG	ST	
colesevelam oral tablet 625 mg	PG	ST	
COLESTID ORAL GRANULES 5 GRAM	NPB		colestipol hcl
COLESTID ORAL TABLET 1 GRAM	NPB		colestipol hcl
colestipol oral granules 5 gram	PG		
colestipol oral packet 5 gram	PG		
colestipol oral tablet 1 gram	PG		
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	FE		rosuvastatin calcium
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	NPS		
ezetimibe oral tablet 10 mg	PG		
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	FE		ezetimibe, atorvastatin calcium, rosuvastatin calcium
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	PG	QL	
fenofibrate micronized oral capsule 130 mg	PG	ST	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	PG		
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	PG		
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	FE		fenofibrate, fenofibric acid
fenofibrate oral tablet 120 mg	FE		generic fenofibrate alternatives (134 mg or 2x 54 mg)
fenofibrate oral tablet 160 mg, 54 mg	PG		
fenofibrate oral tablet 40 mg	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	PG		
fenofibric acid oral tablet 105 mg, 35 mg	PG		
FIBRICOR ORAL TABLET 105 MG	NPB	ST	fenofibric acid
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	NPB	ST; QL	atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
fluvastatin oral capsule 20 mg, 40 mg	FE		atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
fluvastatin oral tablet extended release 24 hr 80 mg	FE		atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
gemfibrozil oral tablet 600 mg	PG		
icosapent ethyl oral capsule 0.5 gram, 1 gram	PG	PA	
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	PS	LA	
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	FE		REPATHA SURECLICK
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	FE		REPATHA SURECLICK
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	FE		atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	FE		atorvastatin calcium
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	FE		fenofibrate, fenofibric acid

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	FE		pitavastatin calcium
LOPID ORAL TABLET 600 MG	NPB		gemfibrozil
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PG	QL; ACA	
LOVAZA ORAL CAPSULE 1 GRAM	FE		omega-3 acid ethyl esters
NEXLETOL ORAL TABLET 180 MG	PB	PA	
NEXLIZET ORAL TABLET 180-10 MG	PB	PA	
niacin oral tablet 500 mg	FE		OTC niacin-containing products
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	PG		
NIACOR ORAL TABLET 500 MG	FE		niacin er, OTC niacin-containing products
omega-3 acid ethyl esters oral capsule 1 gram	PG	PA	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	PG	QL; ACA	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	FE		REPATHA SURECLICK
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	QL; ACA	
prevalite oral powder 4 gram	PG		
prevalite oral powder in packet 4 gram	PG		
QUESTRAN LIGHT ORAL POWDER 4 GRAM	NPB		cholestyramine light
QUESTRAN ORAL POWDER 4 GRAM	NPB		cholestyramine
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	NPB		cholestyramine
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	FE		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PB	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PB	PA; QL	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PB	PA; QL	
rosuvastatin oral tablet 10 mg, 5 mg	PG	QL; ACA	
rosuvastatin oral tablet 20 mg, 40 mg	PG	QL	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	NPB	ST; QL	ezetimibe, atorvastatin calcium, rosuvastatin calcium
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	QL; ACA	
simvastatin oral tablet 80 mg	PG	QL	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	NPS	PA	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	PB	PA	
VYTORIN 10-10 ORAL TABLET 10-10 MG	FE		ezetimibe-simvastatin
VYTORIN 10-20 ORAL TABLET 10-20 MG	FE		ezetimibe-simvastatin
VYTORIN 10-40 ORAL TABLET 10-40 MG	FE		ezetimibe-simvastatin
VYTORIN 10-80 ORAL TABLET 10-80 MG	FE		ezetimibe-simvastatin
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	FE		colesevelam hcl
WELCHOL ORAL TABLET 625 MG	FE		colesevelam hcl
ZETIA ORAL TABLET 10 MG	FE		ezetimibe
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	FE		simvastatin
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NPB	ST; QL	atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
MISCELLANEOUS CARDIOVASCULAR AGENTS			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ATTRUBY ORAL TABLET 356 MG	PS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	PS	PA; QL; LA	
CORLANOR ORAL SOLUTION 5 MG/5 ML	FE		ivabradine hcl
CORLANOR ORAL TABLET 5 MG, 7.5 MG	FE		ivabradine hcl
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	FE		sacubitril-valsartan
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	PB	QL	
FILSPARI ORAL TABLET 200 MG, 400 MG	PS	PA; QL	
ivabradine oral tablet 5 mg, 7.5 mg	PG	PA	
LODOCO ORAL TABLET 0.5 MG	FE		colchicine
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	PS	PA; QL	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	PG		
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	PG	QL	
TRYVIO ORAL TABLET 12.5 MG	FE		amlodipine besylate, atenolol, benazepril hcl, diltiazem hcl, doxazosin mesylate, hydrochlorothiazide
VANRAFIA ORAL TABLET 0.75 MG	PS	PA	
VECAMYL ORAL TABLET 2.5 MG	NPB	PA	clonidine hcl, RESERPINE
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PB	QL	
VYNDAMAX ORAL CAPSULE 61 MG	PS	LA	
VYNDAQEL ORAL CAPSULE 20 MG	PS	LA	
NITRATES			
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	NPB		nitroglycerin, nitroglycerin
ISORDIL ORAL TABLET 40 MG	NPB		isosorbide dinitrate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ISORDIL TITRADOSE ORAL TABLET 5 MG	NPB		isosorbide dinitrate
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG		
isosorbide mononitrate oral tablet 10 mg, 20 mg	PG		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	PG		
nitro-bid transdermal ointment 2 %	PG		
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	NPB		nitroglycerin
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	PG		
nitroglycerin transdermal ointment 2 %	PG		
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	PG		
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	PG		
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	NPB		nitroglycerin
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	NPB		nitroglycerin
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	NPB		nitroglycerin
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	PG		
DERMATOLOGICALS/TOPICAL THERAPY			
ANTIPSORIATIC / ANTISEBORRHEIC			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	FE		IMULDOSA, SELARSDI, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA, USTEKINUMAB-TTWE, YESINTEK
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	FE		IMULDOSA, SELARSDI, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA, USTEKINUMAB-TTWE, YESINTEK
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
calcipotriene scalp solution 0.005 %	PG	QL	
calcipotriene topical cream 0.005 %	PG	QL	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	FE		calcipotriene, calcitriol
calcipotriene topical ointment 0.005 %	PG	QL	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	PG	QL	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	PG	QL	
calcitriol topical ointment 3 mcg/gram	PG		
CIPOTREX TOPICAL KIT 0.005 %	FE		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TREMFYA

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI, SOTYKTU, TREMFYA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TREMFYA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TREMFYA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TREMFYA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TREMFYA
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	FE		
DIOOXIA TOPICAL CREAM 0.005-4 %	FE		
drithocreme hp topical cream 1 %	FE		
ENSTILAR TOPICAL FOAM 0.005-0.064 %	PB	QL	
EPIFOAM TOPICAL FOAM 1-1 %	NPB	ST	hc pramoxine
HYDROCORTISONE-PRAMOXINE TOPICAL CREAM 2.35-1 %	FE		
hydrocortisone-pramoxine topical cream 2.5-1 %	PG	ST	
ICOTYDE ORAL TABLET 200 MG	PS	PA; LA	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL	
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PLENURA TOPICAL SOLUTION 0.05-0.005 %	FE		
PLEXION NS TOPICAL SHAMPOO 9.8 %	NPB		sodium sulfacetamide
PRAMOSONE TOPICAL CREAM 1-1 %	NPB	ST	hc pramoxine
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	NPB	ST	hc pramoxine
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	NPB	ST	hc pramoxine
PURAZIL TOPICAL CREAM 0.005-4 %	FE		
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA; LA	
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL; LA	
selenium sulfide topical lotion 2.5 %	PG		
selenium sulfide topical shampoo 2.25 %, 2.3 %	PG		
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PS	PA; QL; LA	
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; QL; LA	
SORILUX TOPICAL FOAM 0.005 %	FE		calcipotriene, calcitriol
SOTYKTU ORAL TABLET 6 MG	PS	PA; QL; LA	
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	PS	PA; LA	
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	NPS	PA; LA	
STARJEMZA INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
sulfacetamide sodium topical cleanser 10 %	PG		
sulfacetamide sodium topical cleanser, gel 10 %	PG		
sulfacetamide sodium topical shampoo 10 %, 9.8 %	PG		
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	FE		calcipotriene-betamethasone
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; QL; LA	
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; QL; LA	
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; QL; LA	
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	PS	PA; QL; LA	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PS	PA; LA	
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PS	PA; QL; LA	
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	PS	PA; QL; LA	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PS	PA; QL; LA	
TRIONEX TOPICAL KIT 0.005 %	FE		
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA; LA	
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PS	PA; QL; LA	
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL; LA	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	NPB		calcitriol
VTAMA TOPICAL CREAM 1 %	PB	ST; QL	
WEZLANA INTRAVENOUS SOLUTION 130 MG/26 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		IMULDOSA, SELARSDI, USTEKINUMAB-TTWE, YESINTEK
WYNZORA TOPICAL CREAM 0.005-0.064 %	NPB	QL	amcinonide, betamethasone dipropionate, betamethasone dp augmented, clobetasol propionate, calcipotriene, calcipotriene-betamethasone
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA; LA	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PS	PA; QL; LA	
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL; LA	
ZITHRANOL TOPICAL SHAMPOO 1 %	FE		
ZORYVE TOPICAL CREAM 0.05 %	PB	ST	
ZORYVE TOPICAL CREAM 0.15 %	PB	ST; QL	
ZORYVE TOPICAL CREAM 0.3 %	NPB	ST; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA
ZORYVE TOPICAL FOAM 0.3 %	NPB	ST; QL	betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate
BURN THERAPY			
SILVADENE TOPICAL CREAM 1 %	NPB		silver sulfadiazine
silver sulfadiazine topical cream 1 %	PG		
ssd topical cream 1 %	PG		
KERATOLYTICS			
KERALYT RX TOPICAL GEL 6 %	FE		salicylic acid
KERALYT SCALP TOPICAL GEL 6 %	FE		salicylic acid
keralyt topical shampoo 6 %	FE		
NENDRUX TOPICAL GEL 40-5 %	FE		
PODOCON TOPICAL LIQUID 25 %	FE		podofilox

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RAYASAL TOPICAL CREAM 5.9 %	FE		
SALICATE TOPICAL LIQUID 10 %	FE		
salicylic acid topical cream 6 %	FE		
salicylic acid topical cream,extended release 6 %	FE		
salicylic acid topical film forming liquid w/appl 27.5 %	FE		
salicylic acid topical film-forming soln er w/ appl 28.5 %	FE		
salicylic acid topical foam 6 %	FE		
salicylic acid topical gel 6 %	FE		
salicylic acid topical liquid 26 %	FE		
salicylic acid topical lotion 6 %	FE		
salicylic acid topical lotion,extended release 6 %	FE		
salicylic acid topical ointment 3 %	FE		
salicylic acid topical shampoo 6 %	FE		
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %	FE		
SALIMEZ FORTE TOPICAL CREAM 10 %	FE		
salimez topical cream 6 %	FE		
salycim topical cream 6 %	FE		
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	FE		
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	FE		salicylic acid
WAYZEN TOPICAL GEL 40-5 %	FE		
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	FE		
MISCELLANEOUS DERMATOLOGICALS			
abravo topical emulsion	FE		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; QL; LA	
AMELUZ TOPICAL GEL 10 %	NPB		
ANZUPGO TOPICAL CREAM 2 %	PS	QL	
avo cream topical emulsion	FE		
CARAC TOPICAL CREAM 0.5 %	FE		fluorouracil, fluorouracil, fluorouracil
celacyn topical gel with pump	FE		
cem-urea topical gel 45 %	FE		
CERACADE TOPICAL EMULSION	FE		
CERAMAX TOPICAL CREAM	FE		
CERAMAX TOPICAL LOTION	FE		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	PS	PA; QL; LA	
CONDYLOX TOPICAL GEL 0.5 %	FE		podofilox
CORTANE-B TOPICAL LOTION 1-1-0.1 %	NPB		hc pramoxine
DAZINIA TOPICAL CREAM 2-1-2.5 %	FE		
dermacure topical cream 41 %	FE		
derma-r topical cream	FE		
DERMASO PLUS TOPICAL CREAM	FE		
diclofenac sodium topical gel 3 %	PG	PA; QL	
doxepin topical cream 5 %	FE		alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	FE		BROMI-LOTION
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PS	PA; QL; LA	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	PS	PA; QL; LA	
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	PS	PA; LA	
EFUDEX TOPICAL CREAM 5 %	NPB		fluorouracil
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	FE		
ELYZIA TOPICAL OINTMENT 0.1-4 %	FE		
emulsion sb topical emulsion	FE		
ENTTY TOPICAL SPRAY,NON-AEROSOL	FE		
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	FE		emulsion sb
EUCRISA TOPICAL OINTMENT 2 %	PB	ST; QL	
FLUOROURACIL TOPICAL CREAM 0.5 %	FE		fluorouracil, fluorouracil, fluorouracil
fluorouracil topical cream 5 %	PG		
fluorouracil topical solution 2 %, 5 %	PG		
HALUCORT TOPICAL GEL	FE		
HAPRODERM TOPICAL GEL	FE		
HOVYN TOPICAL SOLUTION 0.1 %	FE		
hpr plus hydrogel topical kit,cream and gel	FE		
hpr plus topical cream	FE		
hpr plus topical foam	FE		
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 %	FE		
hpr topical foam	FE		
HYFTOR TOPICAL GEL 0.2 %	NPS	PA	
imiquimod topical cream in metered-dose pump 3.75 %	PG		
imiquimod topical cream in packet 3.75 %, 5 %	PG		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	NPB		
IODOSORB TOPICAL GEL 0.9 %	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KAZURI TOPICAL GEL 5-0.05-1 %	FE		
KERASTAT TOPICAL CREAM	FE		
KERASTAT TOPICAL GEL 5 %	FE		
KERIDA TOPICAL GEL 5-0.1-30 %	FE		
KYNARA TOPICAL GEL 5-1-2 %	FE		
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	FE		
LEVICYN ANTIPRURITIC TOPICAL GEL	FE		
LEVULAN TOPICAL SOLUTION 20 %	NPB		
LOYON TOPICAL SPRAY,NON-AEROSOL	FE		
LUXAMEND TOPICAL CREAM	FE		
mb hydrogel (cyclomethicone) topical kit,cream and gel	FE		
mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %	FE		
METDRAY TOPICAL GEL 17-2 %	FE		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	PG		
methyl salicylate oil	PG		
methyl salicylate topical liquid	PG		
MICURADERM TOPICAL EMULSION	FE		
NEOSALUS TOPICAL CREAM	FE		prumyx
NEOSALUS TOPICAL LOTION	FE		prumyx
NORMLGEL AG TOPICAL GEL 0.11 %	NPB		
NUJO TOPICAL SOLUTION 0.1 %	FE		
NUJU TOPICAL CREAM 0.1 %	FE		
NUTRASEB TOPICAL CREAM	FE		
OPZELURA TOPICAL CREAM 1.5 %	NPB	PA; QL	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	FE		
OXIANUJO TOPICAL OINTMENT 0.1-4 %	FE		
PANRETIN TOPICAL GEL 0.1 %	NPB		
PHEODOYO TOPICAL CREAM 2-1-2.5 %	FE		
pimecrolimus topical cream 1 %	PG	ST; QL	
podofilox topical gel 0.5 %	PG	QL	
podofilox topical solution 0.5 %	PG		
PROMISEB TOPICAL CREAM	FE		selenium sulfide, sodium sulfacetamide
PRONAL TOPICAL GEL 10-40 %	FE		
pruclair topical cream	FE		
prudoxin topical cream 5 %	FE		alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
prumyx topical cream	FE		
QBREXZA TOPICAL TOWELETTE 2.4 %	FE		BROMI-LOTION
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	FE		
QUIHOXAXIA TOPICAL GEL 5-1-2 %	FE		
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	FE		
QUTENZA TOPICAL KIT 8 %	FE		lidocaine
RYNODERM TOPICAL CREAM 37.5 %	FE		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	NPS	PA	
SEBUDERM TOPICAL GEL	FE		
silver nitrate applicators topical stick 75-25 %	FE		
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	FE		BROMI-LOTION
SOLOX GEL TOPICAL GEL 55 PPM	FE		
sonafine topical emulsion	FE		
tacrolimus topical ointment 0.03 %, 0.1 %	PG	ST; QL	
URAMAXIN TOPICAL FOAM 20 %	FE		urea
URAMAXIN TOPICAL GEL 45 %	FE		urea
urea nail stick topical solution 50 %	FE		
urea topical cream 39 %, 40 %, 41 %, 45 %, 50 %	FE		
UREA TOPICAL CREAM 39.5 %	FE		
urea topical foam 35 %	FE		
urea topical gel 45 %	FE		
urea topical lotion 40 %	FE		
ure-k topical cream 50 %	FE		
UVADEX INJECTION SOLUTION 20 MCG/ML	PB		
VALCHLOR TOPICAL GEL 0.016 %	PS	PA; LA	
VEREGEN TOPICAL OINTMENT 15 %	FE		imiquimod, podofilox
VEVEN TOPICAL CREAM 0.1 %	FE		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	NPS	PA	
WELERIS TOPICAL GEL 17-2 %	FE		
wintergreen oil oil	PG		
XCLAIR TOPICAL CREAM	FE		emulsion sb
XIRUN TOPICAL GEL 10-40 %	FE		
XUREA TOPICAL CREAM 39 %	FE		
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	NPS	LA	
ZELSUVMI TOPICAL GEL 10.3 %	FE		
ZEVASKYN TOPICAL SHEET 5.5 X 7.5 CM	NPS		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZONALON TOPICAL CREAM 5 %	NPB	ST; QL	alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	FE		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	FE		imiquimod
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	FE		imiquimod
THERAPY FOR ACNE			
ABENOR HP TOPICAL LOTION 15-4 %	FE		
ABENOR TOPICAL CREAM 10-4 %	FE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	FE		accutane, amnesteem, claravis, isotretinoin, zenatane
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	NPB		accutane, amnesteem, claravis, isotretinoin, zenatane
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	FE		clindamycin-benzoyl peroxide
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
ACIOXIAY TOPICAL CREAM 15-4 %	FE		
ACZONE TOPICAL GEL WITH PUMP 7.5 %	NPB	ST	dapsone
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	FE		
ADALINA TOPICAL GEL 5-4 %	FE		
adapalene topical cream 0.1 %	PG		
adapalene topical gel 0.3 %	PG		
adapalene topical gel with pump 0.3 %	PG		
ADAPALENE TOPICAL LOTION 0.1 %	NPB	ST	adapalene, adapalene
adapalene topical solution 0.1 %	PG		
adapalene topical swab 0.1 %	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	PG		
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %	FE		
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	FE		
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 %	FE		
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 %	FE		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %	FE		
ADMIRAZOL TOPICAL CREAM 6-5-2 %	FE		
AKLIEF TOPICAL CREAM 0.005 %	NPB	ST	adapalene, tazarotene, tretinoin, tretinoin microsphere
ALIXI HP TOPICAL CREAM 8.5-4 %	FE		
ALIXI TOPICAL CREAM 6-4 %	FE		
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %	FE		
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	FE		
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	FE		
ALTRENO TOPICAL LOTION 0.05 %	NPB		tretinoin, tretinoin microsphere
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	FE		
ALURIS HP TOPICAL CREAM 0.1-4 %	FE		
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	FE		
ALURIS LP TOPICAL CREAM 0.025-4 %	FE		
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	FE		
ALURIS TOPICAL CREAM 0.05-4 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALURIS TOPICAL GEL 0.05-4 %	FE		
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 %	FE		
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %	FE		
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %	FE		
ALVOX HP TOPICAL CREAM 0.1-4 %	FE		
ALVOX TOPICAL CREAM 0.05-4 %	FE		
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
AMZEEQ TOPICAL FOAM 4 %	NPB	ST	adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin
APEXOL HP TOPICAL SUSPENSION 5-10 %	FE		
APEXOL TOPICAL SUSPENSION 2-8 %	FE		
APHORIA TOPICAL GEL 0.3-2.5-4 %	FE		
APORIX TOPICAL GEL 1-4 %	FE		
APORIX TOPICAL LOTION 1-4 %	FE		
ARAZLO TOPICAL LOTION 0.045 %	NPB	PA	tazarotene, tretinoin, tretinoin microsphere
ARTILIS HP TOPICAL GEL 5-1-4 %	FE		
ARTILIS TOPICAL GEL 2.5-1-4 %	FE		
ATRALIN TOPICAL GEL 0.05 %	FE		tretinoin
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	FE		
AVAR LS TOPICAL CLEANSER 10-2 %	NPB	ST	sulfacetamide sodium-sulfur
avar topical cleanser 10-5 % (w/w)	PG	ST	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	NPB	ST	sulfacetamide sodium-sulfur
AVEIDA TOPICAL GEL 1-1 %	FE		
AVEIDAOXIA TOPICAL GEL 1-1-4 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AVIDORA HP TOPICAL CREAM 0.05-1-4 %	FE		
AVIDORA TOPICAL CREAM 0.025-1-4 %	FE		
AVIDORA TOPICAL SOLUTION 0.025-1-4 %	FE		
AWANIS TOPICAL CREAM 0.025-8.5-2 %	FE		
AZALTA HP TOPICAL GEL 0.05-5-2 %	FE		
AZALTA TOPICAL GEL 0.025-5-2 %	FE		
azelaic acid topical gel 15 %	PG		
AZELEX TOPICAL CREAM 20 %	NPB	ST	adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA
BAXONIL TOPICAL OINTMENT 1-2 %	FE		
BENZAMYCIN TOPICAL GEL 3-5 %	NPB	ST	erythromycin-benzoyl peroxide
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	NPB	ST	
benzepro topical towelette 6 %	PG		
benzoyl peroxide topical cleanser 7 %	PG		
benzoyl peroxide topical foam 9.8 %	PG		
bp 10-1 topical cleanser 10-1 %	PG	ST	
brimonidine topical gel with pump 0.33 %	PG	PA	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	FE		adapalene, adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phosphate, clindamycin-benzoyl peroxide, tretinoin, tretinoin microsphere
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
cleansing wash topical cleanser 10-4-10 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	FE		sulfacetamide sodium-sulfur
CLEOCIN T TOPICAL LOTION 1 %	NPB	ST; QL	clindamycin phosphate
CLINDACIN ETZ TOPICAL KIT 1 %	NPB	ST	clindamycin phosphate, clindacin etz
clindacin etz topical swab 1 %	PG		
clindacin p topical swab 1 %	PG		
CLINDACIN PAC TOPICAL KIT 1 %	NPB	ST	clindamycin phosphate, clindacin etz
clindacin topical foam 1 %	PG	ST; QL	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	FE		clindamycin phosphate
clindamycin phosphate topical foam 1 %	PG	ST; QL	
clindamycin phosphate topical gel 1 %	PG	QL	
clindamycin phosphate topical gel, once daily 1 %	PG	ST; QL	
clindamycin phosphate topical lotion 1 %	PG	QL	
clindamycin phosphate topical solution 1 %	PG	QL	
clindamycin phosphate topical swab 1 %	PG		
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	PG		
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	PG	ST	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	PG		
clindamycin-tretinoin topical gel 1.2-0.025 %	PG		
dapsone topical gel 5 %	PG		
DAPSONE TOPICAL GEL 7.5 %	FE		azelaic acid, dapsone, clindamycin phosphate, erythromycin, FINACEA
dapsone topical gel with pump 7.5 %	PG		
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	FE		
DAZOMON TOPICAL GEL 0.25 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEOXIA TOPICAL GEL 1-4 %	FE		
DEOXIA TOPICAL LOTION 1-4 %	FE		
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	FE		
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	FE		
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	FE		
DIADIMAXIA TOPICAL CREAM 6-5-2 %	FE		
DIADIMAXIA TOPICAL GEL 6-5-2 %	FE		
DIAOXIA TOPICAL CREAM 6-4 %	FE		
DIAOXIA TOPICAL GEL 6-4 %	FE		
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	FE		
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	FE		
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	FE		
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	FE		
DIASOXIA TOPICAL CREAM 8.5-4 %	FE		
DIASOXIA TOPICAL GEL 8.5-4 %	FE		
DIFFERIN TOPICAL CREAM 0.1 %	NPB	ST	adapalene
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	NPB	ST	adapalene
DIFFERIN TOPICAL LOTION 0.1 %	NPB	ST	adapalene, tretinoin, tretinoin microsphere
DIMOXIA TOPICAL GEL 5-4 %	FE		
DRAXACE TOPICAL SUSPENSION 2-8 %	FE		
DRAXACEY TOPICAL SUSPENSION 2-8 %	FE		
DRIXECE TOPICAL SUSPENSION 5-10 %	FE		
ECEOXIA TOPICAL CREAM 10-4 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	NPB	ST	adapalene-benzoyl peroxide
EPSOLAY TOPICAL CREAM 5 %	FE		azelaic acid, ivermectin, metronidazole, sodium sulfacetamide-sulfur, FINACEA
ery pads topical swab 2 %	PG		
erythromycin with ethanol topical gel 2 %	PG		
erythromycin with ethanol topical solution 2 %	PG		
erythromycin-benzoyl peroxide topical gel 3-5 %	PG		
ETHOXIA TOPICAL CREAM 0.05-4 %	FE		
FABIOR TOPICAL FOAM 0.1 %	FE		tazarotene, tretinoin, tretinoin microsphere
FINACEA TOPICAL FOAM 15 %	PB	ST	
IDARAN TOPICAL OINTMENT 1-2 %	FE		
IDYYXIATAR TOPICAL GEL 0.025-5 %	FE		
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	FE		
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	FE		
INZDEOXIA TOPICAL GEL 2.5-1-4 %	FE		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
isotretinoin oral capsule 25 mg, 35 mg	PG	ST	
ITHOXIA TOPICAL CREAM 0.1-4 %	FE		
ivermectin topical cream 1 %	PG	ST; QL	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	FE		
MELZARA TOPICAL CREAM 10-6-2 %	FE		
METROCREAM TOPICAL CREAM 0.75 %	NPB	ST	metronidazole

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
METROGEL TOPICAL GEL 1 %	NPB	ST	metronidazole
metronidazole topical cream 0.75 %	PG		
metronidazole topical gel 0.75 %, 1 %	PG		
metronidazole topical gel with pump 1 %	PG		
metronidazole topical lotion 0.75 %	PG		
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	PB	PA	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %	NPB	ST	
neuac topical gel 1.2 %(1 % base) -5 %	PG		
NORITATE TOPICAL CREAM 1 %	FE		metronidazole
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	NPB	ST	clindamycin-benzoyl peroxide
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	FE		
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	FE		
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	FE		
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	FE		
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	FE		
ONZDEOXIA TOPICAL GEL 5-1-4 %	FE		
OXIAICE TOPICAL LOTION 15-4 %	FE		
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	FE		
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	FE		
OXIAVARY TOPICAL CREAM 0.1-4 %	FE		
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	FE		
PACNEX TOPICAL CLEANSER 7 %	NPB	ST	benzoyl peroxide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	NPB	ST	sodium sulfacetamide-sulfur
PLEXION TOPICAL CLEANSER 9.8-4.8 %	NPB	ST	sodium sulfacetamide-sulfur
PLEXION TOPICAL CREAM 9.8-4.8 %	NPB	ST	sodium sulfacetamide-sulfur
PLEXION TOPICAL LOTION 9.8-4.8 %	NPB	ST	sodium sulfacetamide-sulfur
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	NPB	ST	
REMYDA TOPICAL GEL 0.25 %	FE		
RENSOTI TOPICAL CREAM 1-1-4 %	FE		
RESTIMO TOPICAL GEL 1-1 %	FE		
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	NPB		tretinoin microsphere
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	NPB		tretinoin
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	NPB		tretinoin
RHOFADE TOPICAL CREAM 1 %	NPB	PA	brimonidine tartrate
ROCELIX TOPICAL CREAM 1-4 %	FE		
rosadan topical cream 0.75 %	PG		
rosadan topical gel 0.75 %	PG		
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	NPB	ST	metronidazole
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	NPB	ST	metronidazole
ROSITARA TOPICAL GEL 1-1-4 %	FE		
ROVIS TOPICAL GEL 0.25-1-1-4 %	FE		
RUMILO TOPICAL CREAM 15-4 %	FE		
SAROXIA TOPICAL CREAM 0.05-4 %	FE		
SIRVANA TOPICAL GEL 0.025-5 %	FE		
SOOLANTRA TOPICAL CREAM 1 %	NPB	ST; QL	ivermectin
SORIXIA TOPICAL CREAM 0.05-4 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sss 10-5 topical cream 10-5 % (w/w)	PG		
sss 10-5 topical foam 10-5 %	PG	ST	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 10-1 %, 8-4 %	FE		sulfacetamide sodium-sulfur
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %	PG	ST	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %	PG		
sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %	PG	ST	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	PG		
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	PG	ST	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	PG		
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	PG	ST	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	FE		sulfacetamide sodium-sulfur
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	FE		
sulfacetamide-sulfur 9-4% wash	PG	ST	
sulfacleanse 8-4 topical suspension 8-4 %	PG	ST	
SUMADAN TOPICAL CLEANSER 9-4.5 %	NPB	ST	sulfacetamide sodium-sulfur
SUMADAN TOPICAL KIT 9-4.5 %	NPB	ST	sodium sulfacetamide-sulfur
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	NPB	ST	
SUMAXIN CP TOPICAL KIT 10-4 %	NPB	ST	sodium sulfacetamide-sulfur
SUMAXIN TOPICAL CLEANSER 9-4 %	NPB	ST	sodium sulfacetamide-sulfur

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	NPB	ST	sodium sulfacetamide-sulfur
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	NPB	ST	sodium sulfacetamide-sulfur
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	FE		
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	FE		
TAROXIA TOPICAL CREAM 0.025-4 %	FE		
TAROXIA TOPICAL GEL 0.025-4 %	FE		
tazarotene topical cream 0.05 %, 0.1 %	PG	ST	
TAZAROTENE TOPICAL FOAM 0.1 %	FE		tazarotene, tretinoin, tretinoin microsphere
tazarotene topical gel 0.05 %, 0.1 %	PG	PA	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	NPB	PA	tazarotene
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	NPB	PA	tazarotene
tretinoin microspheres topical gel 0.04 %, 0.1 %	PG		
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	PG		
tretinoin microspheres topical gel with pump 0.08 %	PG	ST	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	PG		
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	PG		
TWYNEO TOPICAL CREAM 0.1-3 %	FE		adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %	FE		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	NPB	ST	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VAROXIA TOPICAL CREAM 0.05-4 %	FE		
VAROXIA TOPICAL GEL 0.05-4 %	FE		
WINLEVI TOPICAL CREAM 1 %	FE		azelaic acid, clindamycin phosphate, clindamycin phos-tretinoin, dapsone, erythromycin, tretinoin
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
ZIANA TOPICAL GEL 1.2-0.025 %	NPB	ST	clindamycin phos-tretinoin
ZILXI TOPICAL FOAM 1.5 %	FE		azelaic acid, ivermectin, metronidazole, sodium sulfacetamide-sulfur, FINACEA
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	FE		sulfacetamide sodium-sulfur
TOPICAL ANESTHETICS			
AGONEAZE TOPICAL KIT 2.5-2.5 %	FE		
ANASTIA TOPICAL LOTION 2.75 %	FE		
ANODYNE LPT TOPICAL KIT 2.5-2.5 %	FE		
APRIZIO PAK TOPICAL KIT 2.5-2.5 %	FE		
ASTERO TOPICAL GEL WITH PUMP 4 %	FE		
COCAINE NASAL SOLUTION 4 %	NPB		
dermacinrx lidocan topical adhesive patch,medicated 5 %	PG	ST	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	FE		
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	FE		
dermacinrx prizopak topical kit 2.5-2.5 %	FE		
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	FE		
ethyl chloride topical aerosol,spray 100 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GOPRELTO NASAL SOLUTION 4 %	NPB		
LDO PLUS TOPICAL GEL WITH PUMP 4 %	FE		
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	PG		
lidocaine hcl topical cream 3 %	FE		
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	PG		
lidocaine topical adhesive patch,medicated 5 %	PG	ST	
lidocaine topical ointment 5 %	PG	QL	
lidocaine-prilocaine topical cream 2.5-2.5 %	PG	QL	
lidocaine-prilocaine topical kit 2.5-2.5 %	PG		
lidocan iii topical adhesive patch,medicated 5 %	PG	ST	
lidocan iv topical adhesive patch,medicated 5 %	PG	ST	
lidocan v topical adhesive patch,medicated 5 %	PG	ST	
lidocort topical cream 3-0.5 %	PG		
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	FE		lidocaine
lido-k topical lotion 3 %	FE		
lidopin topical cream 3 %	FE		
LIDOPIN TOPICAL CREAM 3.25 %	FE		
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	FE		lidocaine-prilocaine
LIDORX TOPICAL GEL WITH PUMP 3 %	FE		lidocaine hcl
lido-sorb topical lotion 3 %	FE		
lidotor topical kit 2.5-2.5 %	FE		
LIDOTRAL TOPICAL CREAM 3.88 %	FE		
lidozion topical lotion 3 %	FE		
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	FE		
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	FE		lidocaine-prilocaine, lidocaine hcl
MOXICAINE TOPICAL KIT 5 %	FE		
NOLIRA TOPICAL CREAM 23-7 %	FE		
NUMBONEX TOPICAL LOTION 2.75 %	FE		
NUMBRINO NASAL SOLUTION 4 %	NPB		
NYNUTEY TOPICAL CREAM 23-7 %	FE		
PLIAGLIS TOPICAL CREAM 7-7 %	FE		lidocaine-prilocaine, lidocaine hcl
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	FE		
TRANZAREL TOPICAL GEL 4 %	FE		
valladerm-90 topical kit 2.5-2.5 %	FE		
ZILOVAL TOPICAL KIT 5 %	FE		
zionodil topical lotion 3 %	FE		
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	PB	ST	
TOPICAL ANTIBACTERIALS			
ALCORTIN A TOPICAL GEL 2-1-1 %	FE		hydrocortisone, betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin, (topical steroids AND topical anti-infectives)
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	FE		hydrocortisone, betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin, (topical steroids AND topical anti-infectives)

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BASADROX TOPICAL GEL IN PACKET	FE		
BATIZIA TOPICAL OINTMENT 2-2 %	FE		
CENTANY AT TOPICAL OINTMENT KIT 2 %	NPB	ST; QL	mupirocin, mupirocin
CENTANY TOPICAL OINTMENT 2 %	NPB	ST; QL	mupirocin, mupirocin
corti-sav topical cream 1-1 %	FE		
gentamicin topical cream 0.1 %	PG	QL	
gentamicin topical ointment 0.1 %	PG	QL	
hydrocortisone-iodoquinol topical cream 1-1 %	FE		
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	FE		
KLARON TOPICAL SUSPENSION 10 %	NPB	ST	sulfacetamide sodium
lugols topical solution 5-10 %	PG		
mupirocin calcium topical cream 2 %	PG	ST; QL	
mupirocin topical ointment 2 %	PG	QL	
NANRAN TOPICAL OINTMENT 2-2 %	FE		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	NPB		
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	NPB		
QUINJA TOPICAL GEL 1.25-1 %	FE		
SILVRSTAT TOPICAL GEL 32 PPM	FE		
strong iodine topical solution 5-10 %	PG		
sulfacetamide sodium (acne) topical suspension 10 %	PG		
SULFAMYLON TOPICAL CREAM 85 MG/G	PB		
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	FE		hydrocortisone
TOPICAL ANTIFUNGALS			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	NPB		
CICLODAN KIT TOPICAL SOLUTION 8 %	NPB	ST	ciclopirox
ciclodan topical cream 0.77 %	PG		
ciclodan topical solution 8 %	PG		
ciclopirox topical cream 0.77 %	PG		
ciclopirox topical gel 0.77 %	PG		
ciclopirox topical shampoo 1 %	PG		
ciclopirox topical solution 8 %	PG		
ciclopirox topical suspension 0.77 %	PG		
ciclopirox-ure-camph-menth-euc topical solution 8 %	FE		ciclopirox, tavaborole
CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 %	FE		
clotrimazole-betamethasone topical cream 1-0.05 %	PG		
clotrimazole-betamethasone topical lotion 1-0.05 %	PG		
DAFILOR TOPICAL SHAMPOO 0.77-2 %	FE		
DELIBON TOPICAL CREAM 2-2.5 %	FE		
DENVITA TOPICAL CREAM 2-4 %	FE		
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	FE		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	FE		
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 %	FE		
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	FE		
econazole nitrate topical cream 1 %	PG		
ECONAZOLE NITRATE TOPICAL FOAM 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
ECOZA TOPICAL FOAM 1 %	FE		econazole nitrate, ciclopirox, clotrimazole, ketoconazole

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ERTACZO TOPICAL CREAM 2 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
EXELDERM TOPICAL CREAM 1 %	NPB		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
EXELDERM TOPICAL SOLUTION 1 %	NPB		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
EXODERM TOPICAL LOTION 25-1 %	FE		clotrimazole, ketoconazole, miconazole nitrate
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	FE		
FERVINA TOPICAL LOTION 3-5-20 %	FE		
FIDILA TOPICAL SHAMPOO 2-2 %	FE		
FILOMA TOPICAL SOLUTION 8-1-1 %	FE		
FRIVO TOPICAL CREAM 1-4 %	FE		
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	FE		
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	FE		
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	FE		
HEXIOUNYL TOPICAL LOTION 3-5-20 %	FE		
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	FE		
IMIOXIA TOPICAL CREAM 1-4 %	FE		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	NPB	ST	ciclopirox, tavaborole
ketoconazole topical cream 2 %	PG		
ketoconazole topical foam 2 %	PG	ST	
ketoconazole topical shampoo 2 %	PG		
ketodan kit topical combo pack 2 %	PG	ST	
ketodan topical foam 2 %	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
klayesta topical powder 100,000 unit/gram	PG		
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	NPB		ciclopirox
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	NPB		ciclopirox
LOPROX KIT TOPICAL COMBO PACK 0.77 %	NPB		ciclopirox
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	NPB		ciclopirox
LULICONAZOLE TOPICAL CREAM 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
LUZU TOPICAL CREAM 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	FE		miconazole nitrate, clotrimazole, ketoconazole, nystatin
naftifine topical cream 1 %, 2 %	NPG		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
naftifine topical gel 2 %	NPG		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
NAFTIN TOPICAL GEL 2 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
nystatin topical cream 100,000 unit/gram	PG		
nystatin topical ointment 100,000 unit/gram	PG		
nystatin topical powder 100,000 unit/gram	PG		
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	PG		
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	PG		
nystop topical powder 100,000 unit/gram	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
oxiconazole topical cream 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
OXISTAT TOPICAL LOTION 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
PHEDRAX TOPICAL SHAMPOO 2-2 %	FE		
PHEOXIA TOPICAL CREAM 2-4 %	FE		
PHEYO TOPICAL CREAM 2-2.5 %	FE		
SULCONAZOLE TOPICAL CREAM 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
SULCONAZOLE TOPICAL SOLUTION 1 %	FE		ciclopirox, clotrimazole, econazole nitrate, ketoconazole
tavaborole topical solution with applicator 5 %	PG	ST	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	FE		miconazole nitrate, clotrimazole, ketoconazole, nystatin
TOPICAL ANTIVIRALS			
acyclovir topical cream 5 %	PG	QL	
acyclovir topical ointment 5 %	PG	QL	
DENAVIR TOPICAL CREAM 1 %	FE		acyclovir, acyclovir, famciclovir, valacyclovir
penciclovir topical cream 1 %	NPG		acyclovir, acyclovir, famciclovir, valacyclovir
XERESE TOPICAL CREAM 5-1 %	FE		acyclovir, acyclovir, famciclovir, valacyclovir
ZOVIRAX TOPICAL CREAM 5 %	NPB	QL	acyclovir
ZOVIRAX TOPICAL OINTMENT 5 %	FE		acyclovir
TOPICAL CORTICOSTEROIDS			
ACIOXIA TOPICAL GEL 0.1-0.5 %	FE		
ALA-SCALP TOPICAL LOTION 2 %	NPB	ST	hydrocortisone
alclometasone topical cream 0.05 %	PG		
alclometasone topical ointment 0.05 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
amcinonide topical cream 0.1 %	PG	ST	
amcinonide topical ointment 0.1 %	PG	ST	
apexicon e topical cream 0.05 %	FE		amcinonide, betamethasone dipropionate, fluocinonide, fluocinonide-e, triamcinolone acetonide
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 %	FE		
beser topical lotion 0.05 %	PG	ST	
betamethasone dipropionate topical cream 0.05 %	PG		
betamethasone dipropionate topical lotion 0.05 %	PG		
betamethasone dipropionate topical ointment 0.05 %	PG		
betamethasone valerate topical cream 0.1 %	PG		
betamethasone valerate topical foam 0.12 %	PG	ST	
betamethasone valerate topical lotion 0.1 %	PG		
betamethasone valerate topical ointment 0.1 %	PG		
betamethasone, augmented topical cream 0.05 %	PG		
betamethasone, augmented topical gel 0.05 %	PG		
betamethasone, augmented topical lotion 0.05 %	PG		
betamethasone, augmented topical ointment 0.05 %	PG		
BRYHALI TOPICAL LOTION 0.01 %	NPB	ST	betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
CAPEX TOPICAL SHAMPOO 0.01 %	NPB	ST	fluocinolone acetonide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CHLOHUX TOPICAL SHAMPOO 0.05-2 %	FE		
CHLOOXIA TOPICAL CREAM 0.05-4 %	FE		
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	FE		
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	FE		
clobetasol scalp solution 0.05 %	PG	QL	
CLOBETASOL TOPICAL CREAM 0.025 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
clobetasol topical cream 0.05 %	PG	QL	
clobetasol topical foam 0.05 %	PG	ST; QL	
clobetasol topical gel 0.05 %	PG	QL	
clobetasol topical lotion 0.05 %	PG	ST; QL	
clobetasol topical ointment 0.05 %	PG	QL	
clobetasol topical shampoo 0.05 %	PG	ST; QL	
clobetasol topical spray,non-aerosol 0.05 %	PG	ST; QL	
clobetasol-emollient topical cream 0.05 %	PG	QL	
clobetasol-emollient topical foam 0.05 %	PG	ST; QL	
CLOBEX TOPICAL SHAMPOO 0.05 %	NPB	ST; QL	clobetasol propionate
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	NPB	ST; QL	clobetasol propionate
clocortolone pivalate topical cream 0.1 %	FE		betamethasone dipropionate, betamethasone valerate, fluticasone propionate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	NPB	ST; QL	betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
clodan topical shampoo 0.05 %	PG	ST; QL	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	NPB	ST	betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	NPB	ST	fluocinolone acetonide
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	NPB	ST	fluocinolone acetonide
DERMAWERX SDS TOPICAL KIT 0.1-5 %	FE		triamcinolone acetonide
desonide topical cream 0.05 %	PG		
desonide topical gel 0.05 %	PG	ST	
desonide topical lotion 0.05 %	PG	ST	
desonide topical ointment 0.05 %	PG		
desoximetasone topical cream 0.05 %, 0.25 %	PG	ST	
desoximetasone topical gel 0.05 %	PG	ST	
desoximetasone topical ointment 0.05 %, 0.25 %	PG	ST	
desoximetasone topical spray,non-aerosol 0.25 %	PG	ST	
diflorasone topical cream 0.05 %	FE		amcinonide, betamethasone dipropionate, fluocinonide, fluocinonide-e, triamcinolone acetonide
diflorasone topical ointment 0.05 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, halobetasol propionate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	NPB	ST	betamethasone dipropionate
DIVINIX TOPICAL CREAM 0.05-4 %	FE		
DIVINIX TOPICAL OINTMENT 0.05-4 %	FE		
DIVINIX TOPICAL SOLUTION 0.05-4 %	FE		
DOMELA TOPICAL CREAM 0.01-4 %	FE		
DUOBRII TOPICAL LOTION 0.01-0.045 %	NPB	ST; QL	tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate
DYNOMA TOPICAL CREAM 0.05-4 %	FE		
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %	FE		triamcinolone acetonide
fluocinolone and shower cap scalp oil 0.01 %	PG		
fluocinolone topical cream 0.01 %, 0.025 %	PG		
fluocinolone topical oil 0.01 %	PG		
fluocinolone topical ointment 0.025 %	PG		
fluocinolone topical solution 0.01 %	PG		
fluocinonide topical cream 0.05 %	PG	QL	
fluocinonide topical cream 0.1 %	PG	ST; QL	
fluocinonide topical gel 0.05 %	PG	QL	
fluocinonide topical ointment 0.05 %	PG	QL	
fluocinonide topical solution 0.05 %	PG	QL	
fluocinonide-e topical cream 0.05 %	PG	QL	
FLUOPAR TOPICAL KIT 0.1-5 %	FE		
FLUOXIA TOPICAL CREAM 0.05-4 %	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
flurandrenolide topical cream 0.05 %	FE		betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
flurandrenolide topical lotion 0.05 %	FE		betamethasone dipropionate, betamethasone valerate, fluocinolone acetonide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide
flurandrenolide topical ointment 0.05 %	FE		betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
fluticasone propionate topical cream 0.05 %	PG		
fluticasone propionate topical lotion 0.05 %	PG	ST	
fluticasone propionate topical ointment 0.005 %	PG		
halcinonide topical cream 0.1 %	FE		amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide
halcinonide topical solution 0.1 %	FE		amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide
halobetasol propionate topical cream 0.05 %	PG		
halobetasol propionate topical foam 0.05 %	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HALOBETASOL PROPIONATE TOPICAL LOTION 0.05 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
halobetasol propionate topical ointment 0.05 %	PG		
HALOG TOPICAL CREAM 0.1 %	NPB	ST	amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide
HALOG TOPICAL SOLUTION 0.1 %	NPB	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
hydravex topical gel 2 %	FE		
hydrocortisone butyrate topical cream 0.1 %	PG	QL	
hydrocortisone butyrate topical lotion 0.1 %	PG	ST; QL	
hydrocortisone butyrate topical ointment 0.1 %	PG	ST; QL	
hydrocortisone butyrate topical solution 0.1 %	PG	ST; QL	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	FE		
hydrocortisone topical cream 2.5 %	PG		
hydrocortisone topical gel 2 %	FE		
hydrocortisone topical lotion 2 %, 2.5 %	PG		
hydrocortisone topical ointment 2.5 %	PG		
hydrocortisone topical solution 2.5 %	PG		
hydrocortisone valerate topical cream 0.2 %	PG		
hydrocortisone valerate topical ointment 0.2 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HYDROXYM TOPICAL GEL 2 %	FE		
ILEXOR TOPICAL SHAMPOO 0.05-2 %	FE		
IMPOYZ TOPICAL CREAM 0.025 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	NPB	ST; QL	triamcinolone acetonide
lexette topical foam 0.05 %	PG	ST	
mometasone topical cream 0.1 %	PG		
mometasone topical ointment 0.1 %	PG		
mometasone topical solution 0.1 %	PG		
NOXIPAK TOPICAL KIT 0.01-20 %	FE		
NUCORT TOPICAL LOTION 2 %	NPB	ST	
PANDEL TOPICAL CREAM 0.1 %	NPB	ST	betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
prednicarbate topical cream 0.1 %	PG		
QUINIXIL TOPICAL CREAM 0.1-5 %	FE		
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	NPB	ST	
scalacort topical lotion 2 %	PG		
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	FE		betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone acetonide, fluocinonide, triamcinolone acetonide
SURE RESULT TAC PAK TOPICAL KIT 0.1-5 %	FE		triamcinolone acetonide
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	NPB	ST	fluocinolone acetonide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR TOPICAL CREAM 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR TOPICAL OINTMENT 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR TOPICAL SOLUTION 0.01 %	NPB	ST	fluocinolone acetonide
SYNALAR TS TOPICAL KIT 0.01 %	NPB	ST	fluocinolone acetonide
TELIORA TOPICAL GEL 0.1-0.5 %	FE		
TETOXIA TOPICAL CREAM 0.01-4 %	FE		
TEXACORT TOPICAL SOLUTION 2.5 %	NPB	ST	hydrocortisone
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	NPB	ST	desoximetasone
TOPICORT TOPICAL GEL 0.05 %	NPB	ST	desoximetasone
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	NPB	ST	desoximetasone
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	FE		desoximetasone
tovet emollient topical foam 0.05 %	PG	ST; QL	
TOVET KIT TOPICAL COMBO PACK 0.05 %	FE		
triamcinolone acetonide topical aerosol 0.147 mg/gram	PG	ST; QL	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	PG		
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	PG		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	PG		
triamcinolone acetonide topical ointment 0.05 %	PG	ST	
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	FE		
triderm topical cream 0.5 %	PG	ST	
trilona topical kit 0.1 %- 4" x 4"	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ULTRAVATE TOPICAL LOTION 0.05 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
VANOS TOPICAL CREAM 0.1 %	FE		fluocinonide
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 %	FE		triamcinolone acetonide
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	FE		triamcinolone acetonide
XILAPAK TOPICAL KIT 0.01 %	FE		
TOPICAL ENZYMES			
NEXOBRID TOPICAL GEL 8.8 %	NPB		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	PB	QL	
TOPICAL SCABICIDES / PEDICULICIDES			
crotan topical lotion 10 %	FE		permethrin
EURAX TOPICAL CREAM 10 %	NPB		permethrin
EURAX TOPICAL LOTION 10 %	NPB		permethrin
malathion topical lotion 0.5 %	PG		
NATROBA TOPICAL SUSPENSION 0.9 %	FE		spinosad
OVIDE TOPICAL LOTION 0.5 %	NPB		malathion
permethrin topical cream 5 %	PG		
pruradik topical lotion 10 %	FE		permethrin
spinosad topical suspension 0.9 %	PG		
ULESFIA TOPICAL LOTION 5 %	NPB		ivermectin, permethrin, malathion, spinosad
DIAGNOSTICS & MISCELLANEOUS AGENTS			
IRRIGATING SOLUTIONS			
lactated ringers irrigation solution	PG		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	NPB		
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	NPB		
ringer's irrigation solution	PG		
SORBITOL IRRIGATION SOLUTION 3 %	NPB		
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	NPB		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	FE		
MISCELLANEOUS AGENTS			
acamprosate oral tablet,delayed release (dr/ec) 333 mg	PG		
acetic acid irrigation solution 0.25 %	PG		
AGRYLIN ORAL CAPSULE 0.5 MG	NPB		anagrelide hydrochloride
anagrelide oral capsule 0.5 mg, 1 mg	PG		
AQVESME ORAL TABLET 100 MG	FE		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	PS	PA; LA	
BKEMV INTRAVENOUS SOLUTION 300 MG/30 ML	FE		EPYSQLI
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	NPS	PA	sodium phenylbutyrate
BUPHENYL ORAL TABLET 500 MG	NPS	PA	sodium phenylbutyrate
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	PG		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	PS	PA; LA	
carglumic acid oral tablet, dispersible 200 mg	PS	PA	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	NPB		levocarnitine
CARNITOR ORAL SOLUTION 100 MG/ML	NPB		levocarnitine

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARNITOR ORAL TABLET 330 MG	NPB		levocarnitine
CASGEVY INTRAVENOUS SUSPENSION 4 X TO 13 X 10EXP6 CELL/ML	PS	PA	
cevimeline oral capsule 30 mg	PG		
CHEMET ORAL CAPSULE 100 MG	PB	PA	
CUVRIOR ORAL TABLET 300 MG	FE		trientine hcl
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	PS	PA; LA	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PS	PA; LA	
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	PS	PA; LA	
deferiprone oral tablet 1,000 mg, 500 mg	PS	PA; LA	
disulfiram oral tablet 250 mg, 500 mg	PG		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	NPS	PA; LA	atomoxetine hcl, dihydroergotamine mesylate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	FE		
ELEVIDYS INTRAVENOUS SUSPENSION 1.33 X 10EXP13 VG/ML	FE		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	PS	PA	
ENDARI ORAL POWDER IN PACKET 5 GRAM	FE		l-glutamine, hydroxyurea, Droxia, Siklos
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	PS	PA	
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	PS	PA; LA	
EVOXAC ORAL CAPSULE 30 MG	NPB		cevimeline hcl
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	FE		deferasirox

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FABHALTA ORAL CAPSULE 200 MG	PS	PA	
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	PS	PA	
FERRIPROX ORAL SOLUTION 100 MG/ML	PS	PA	
FERRIPROX ORAL TABLET 1,000 MG	NPS	PA	deferiprone (3 times a day)
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	FE		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	NPS	PA; LA	
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	PS	PA; LA	
glutamine (sickle cell) oral powder in packet 5 gram	PS	LA	
glycerol phenylbutyrate oral liquid 1.1 gram/ml	PS	PA; LA	
HARLIKU ORAL TABLET 2 MG	FE		nitisinone, NITYR
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PS	PA	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	FE		deferasirox
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	FE		deferasirox
JOENJA ORAL TABLET 70 MG	NPS	PA; QL	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	NPS		
KYGEVVI ORAL POWDER IN PACKET 4 GRAM	FE		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	PS	PA	
LENMELDY INTRAVENOUS SUSPENSION 2 X TO 11.8 X 10EXP6 CELL/ML	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
levocarnitine (with sugar) oral solution 100 mg/ml	PG		
levocarnitine oral solution 100 mg/ml	PG		
levocarnitine oral tablet 330 mg	PG		
LITFULO ORAL CAPSULE 50 MG	NPS	PA; QL; LA	betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone
LITHOSTAT ORAL TABLET 250 MG	NPB		
LOARGYS INJECTION SOLUTION 5 MG/ML	FE		
LYFGENIA INTRAVENOUS SUSPENSION 1.7 X TO 20 X 10EXP6 CELL/ML	PS	PA; LA	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	PG		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	PS	PA; LA	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	PS	PA; LA	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	FE		atomoxetine hcl, dihydroergotamine mesylate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	NPS	PA	glycerol phenylbutyrate, sodium phenylbutyrate, PHEBURANE
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	NPS	PA	nitisinone
ORFADIN ORAL SUSPENSION 4 MG/ML	NPS	PA	nitisinone, NITYR
PHEBURANE ORAL GRANULES 483 MG/GRAM	PS	PA; LA	
PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML)	FE		EPYSQLI
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	NPS	PA; QL	
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	NPS	PA; QL	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	NPB		
RAVICTI ORAL LIQUID 1.1 GRAM/ML	FE		glycerol phenylbutyrate
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	NPS	PA; LA	zoledronic acid
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	PS	PA	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	PS	PA; QL; LA	
RHAPSIDO ORAL TABLET 25 MG	PB		
riluzole oral tablet 50 mg	PG		
risedronate oral tablet 30 mg	PG	QL	
RYONCIL INTRAVENOUS SUSPENSION 6.68 X 10EXP6 CELL/ML	PB	PA	
sodium chloride 0.9 % injection solution	PG		
sodium chloride 0.9 % intravenous parenteral solution	PG		
sodium chloride 0.9 % intravenous piggyback	PG		
sodium chloride injection syringe 0.9 %	PG		
sodium chloride irrigation solution 0.9 %	PG		
sodium phenylbutyrate oral powder 0.94 gram/gram	PG	PA	
sodium phenylbutyrate oral tablet 500 mg	PG	PA	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	NPS	PA; QL	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	FE		EPYSQLI

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYPRINE ORAL CAPSULE 250 MG	NPB	PA	trientine hcl
TAVNEOS ORAL CAPSULE 10 MG	NPS	QL	azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	NPS		riluzole
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	FE		tiopronin, venxxiva
THIOLA ORAL TABLET 100 MG	FE		tiopronin
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	NPS		riluzole
tiopronin oral tablet 100 mg	PS	LA	
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	PS		
trientine oral capsule 250 mg	PG	PA	
TRIENTINE ORAL CAPSULE 500 MG	FE		trientine hcl
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	FE		ENSPRYNG, EPYSQLI
VAFSEO ORAL TABLET 150 MG, 300 MG	FE		PROCRIT, RETACRIT
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	PS		
VEOPOZ INJECTION SOLUTION 200 MG/ML	NPS	PA	
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	PS	PA	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	NPS	PA	
water for irrigation, sterile irrigation solution	PG		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	PS	PA; LA	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
YARTEMLEA INTRAVENOUS SOLUTION 370 MG/2 ML (185 MG/ML)	NPS	PA	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	PS	PA; LA	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	NPS	PA; QL	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	PS	PA; LA	
SMOKING DETERRENTS			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	PG	ACA	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	NPB	ACA	varenicline tartrate
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	NPB	ACA	varenicline tartrate
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	PB	ACA	
NICORETTE BUCCAL GUM 2 MG	PB	ACA	
nicorette buccal gum 4 mg	PG	ACA	
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	PB	ACA	
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	PB	ACA	
nicotine (polacrilex) buccal gum 2 mg, 4 mg	PG	ACA	
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	PG	ACA	
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	PG	ACA	
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	PG	ACA	
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	PG	ACA	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	NPB	ACA	nicotine, nicotine gum

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
stop smoking aid buccal lozenge 2 mg, 4 mg	PG	ACA	
varenicline tartrate oral tablet 0.5 mg, 1 mg	PG	ACA	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	PG	ACA	
EAR, NOSE & THROAT MEDICATIONS			
MISCELLANEOUS AGENTS			
ARESTIN DENTAL CARTRIDGE 1 MG	NPS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	PG	QL	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	PG		
CLINPRO 5000 DENTAL PASTE 1.1 %	NPB		sodium fluoride
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	FE		
denta 5000 plus dental cream 1.1 %	PG		
denta 5000 plus sensitive dental paste 1.1-5 %	PG		
dentagel dental gel 1.1 %	PG		
fluoride (sodium) dental cream 1.1 %	PG		
fluoride (sodium) dental gel 1.1 %	PG		
fluoride (sodium) dental paste 1.1 %	PG		
fluoride (sodium) dental solution 0.2 %	PG		
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	NPB		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
FLUORIMAX 5000 DENTAL PASTE 1.1 %	NPB		
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	NPB		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	PG	QL	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	NPB		
kourzeq dental paste 0.1 %	PG		
MUGARD MUCOUS MEMBRANE SOLUTION	NPS		
olopatadine nasal spray,non-aerosol 0.6 %	PG	QL	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	NPB		
ORAPEUTIC MUCOUS MEMBRANE GEL	FE		
paroex oral rinse mucous membrane mouthwash 0.12 %	PG		
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	NPB		chlorhexidine gluconate
periogard mucous membrane mouthwash 0.12 %	PG		
pilocarpine hcl oral tablet 5 mg, 7.5 mg	PG		
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
PREVIDENT DENTAL GEL 1.1 %	NPB		sodium fluoride
PREVIDENT DENTAL SOLUTION 0.2 %	NPB		sodium fluoride
PREVIDENT KIDS DENTAL PASTE 1.1 %	NPB		
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	NPB		pilocarpine hcl
sf 5000 plus dental cream 1.1 %	PG		
sf dental gel 1.1 %	PG		
sodium fluoride 5000 plus dental cream 1.1 %	PG		
sodium fluoride-pot nitrate dental paste 1.1-5 %	PG		
triamcinolone acetonide dental paste 0.1 %	PG		
MISCELLANEOUS OTIC PREPARATIONS			
acetic acid otic (ear) solution 2 %	PG		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	FE		ciprofloxacin hcl, ofloxacin
ciprofloxacin hcl otic (ear) dropperette 0.2 %	PG		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	NPB		fluocinolone acetonide oil
flac otic oil otic (ear) drops 0.01 %	PG		
fluocinolone acetonide oil otic (ear) drops 0.01 %	PG		
hydrocortisone-acetic acid otic (ear) drops 1-2 %	PG		
ofloxacin otic (ear) drops 0.3 %	PG		
OTIC STEROID / ANTIBIOTIC			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	FE		ciprofloxacin-hydrocortisone
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	PG		
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	FE		ciprofloxacin-dexamethasone, ciprofloxacin-hydrocortisone
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	NPB		neomycin/polymyxin/hc
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	PG		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	PG		
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	NPB		ciprofloxacin-dexamethasone, ciprofloxacin-hydrocortisone
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
ACTHAR INJECTION GEL 80 UNIT/ML	NPS	PA; LA	
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	NPS	PA; LA	
AGAMREE ORAL SUSPENSION 40 MG/ML	FE		prednisone, prednisolone
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	FE		hydrocortisone
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	NPB		hydrocortisone
cortisone oral tablet 25 mg	PG		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	FE		
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	FE		
deflazacort oral suspension 22.75 mg/ml	PS	PA; LA	
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	PS	PA; LA	
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	PG	ST	
dexamethasone intensol oral drops 1 mg/ml	PG		
dexamethasone oral elixir 0.5 mg/5 ml	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dexamethasone oral solution 0.5 mg/5 ml	PG		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	PG		
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)	PG	ST	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	FE		prednisone, prednisolone
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	FE		deflazacort
fludrocortisone oral tablet 0.1 mg	PG		
HEMADY ORAL TABLET 20 MG	FE		dexamethasone
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	PG		
jaythari oral suspension 22.75 mg/ml	PS	PA	
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	PS	PA	
KHINDIVI ORAL SOLUTION 1 MG/ML	FE		hydrocortisone
kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg	PS	PA	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	NPB		methylprednisolone
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	NPB		methylprednisolone
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG		
methylprednisolone oral tablets,dose pack 4 mg	PG		
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	PG		
millipred oral tablet 5 mg	PG		
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	NPB		prednisolone sodium phosphate
prednisolone oral solution 15 mg/5 ml	PG		
prednisolone oral tablet 5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	PG		
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	PG		
prednisone intensol oral concentrate 5 mg/ml	PG		
prednisone oral solution 5 mg/5 ml	PG		
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PG		
prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg	PG	PA	prednisone immediate-release tablets
prednisone oral tablets,dose pack 10 mg, 5 mg	PG		
pyquvi oral suspension 22.75 mg/ml	PS	PA	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	NPB	ST	dexamethasone
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	NPS	PA; QL	methylprednisolone, prednisone
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	NPB		
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	NPS	LA	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	NPB	ST	dexamethasone
ANTITHYROID AGENTS			
methimazole oral tablet 10 mg, 5 mg	PG		
potassium iodide oral solution 1 gram/ml	PG		
propylthiouracil oral tablet 50 mg	PG		
SSKI ORAL SOLUTION 1 GRAM/ML	NPB		potassium iodide
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
2TEK GLUCOSE/BLOOD PRESSURE KIT	FE		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	NPB		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ACCU-CHEK GUIDE GLUCOSE METER	FE		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	NPB		
ACCU-CHEK GUIDE ME GLUCOSE MTR	FE		
ACCU-CHEK GUIDE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	NPB		
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ACCUTREND GLUCOSE CONTROL SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ACCUTREND GLUCOSE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ADVANCED ALL-IN-ONE METER KIT	FE		
ADVANCED GLUC METER TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ADVANCED GLUCOSE METER	FE		
ADVOCATE REDI-CODE PLUS	FE		
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	NPB		
ADVOCATE REDI-CODE PLUS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
AGAMATRIX AMP TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
AGAMATRIX CONTROL SOLN-HIGH SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION	NPB		
AGAMATRIX JAZZ TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT	FE		
AGAMATRIX PRESTO SYSTEM	FE		
AGAMATRIX PRESTO TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ASSURE 4 CONTROL SOLUTION COMBO PACK	NPB		
ASSURE 4 STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ASSURE CONTROL SOLUTION L2-L3 SOLUTION	NPB		
ASSURE DOSE NORMAL CONTROL SOLUTION	NPB		
ASSURE PLATINUM GLUCOSE METER	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ASSURE PLATINUM TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	NPB		
ASSURE PRISM MULTI METER	FE		
ASSURE PRISM MULTI STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ASSURE TITANIUM GLUCOSE SYSTEM	FE		
ASSURE TITANIUM TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
AT HOME A1C DEVICE	NPB		
BIGFOOT UNITY KIT	FE		
BIONIME RIGHTEST GM300 SYSTEM KIT	FE		
BIONIME RIGHTEST TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BIOTEL CARE BGM-4 METER	FE		
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	NPB		
BLOOD GLUCOSE TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
BLOOD-GLUCOSE METER	FE		
BLULINK DIABETIC TEST BUNDLE KIT	FE		
BLULINK GLUCOSE MONITOR SYSTEM	FE		
BLULINK GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	NPB		
CARESENS CONTROL A AND B SOLUTION	NPB		
CARESENS N	FE		
CARESENS N FELIZ GLUCOSE METER	FE		
CARESENS N TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CARESENS N VOICE	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARESENS S CONTROL A AND B SOLUTION	NPB		
CARESENS S FIT BT GLUCOSE MTR	FE		
CARESENS S FIT GLUCOSE METER	FE		
CARESENS S TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	NPB		
CARETOUCH GLUCOSE MONITORING KIT	FE		
CARETOUCH TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CLEVER CHEK BLOOD GLUCOSE	FE		
CLEVER CHOICE GLUCOSE MONITOR	FE		
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	NPB		
CLEVER CHOICE MICRO	FE		
CLEVER CHOICE MICRO TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CLEVER CHOICE PRO	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLEVER CHOICE PRO STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CLEVER CHOICE TALK GLUCOSE SYS	FE		
CLEVER CHOICE TALK TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CLEVER CHOICE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CLEVER CHOICE VOICE PLUS TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CONTOUR CONTROL SOLUTION, NML SOLUTION	NPB		
CONTOUR NEXT EZ METER	FE		
CONTOUR NEXT GEN METER KIT	FE		
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	NPB		
CONTOUR NEXT LINK 2.4 KIT	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CONTOUR NEXT LINK KIT	FE		
CONTOUR NEXT METER	FE		
CONTOUR NEXT ONE METER	FE		
CONTOUR NEXT TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CONTOUR PLUS BLUE METER	FE		
CONTOUR PLUS TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
CONTOUR TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
DEXCOM G6 RECEIVER	PB	ST	
DEXCOM G6 SENSOR DEVICE	PB	ST	
DEXCOM G6 TRANSMITTER DEVICE	PB	ST	
DEXCOM G7 15 DAY SENSOR DEVICE	PB	ST	
DEXCOM G7 RECEIVER	PB	ST	
DEXCOM G7 SENSOR DEVICE	PB	ST	
DIATRUE CONTROL SOLN NORMAL SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIATRUE PLUS BLOOD GLUCOSE MET	FE		
DIATRUE PLUS TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY PLUS II HIGH CONTROL SOLUTION	NPB		
EASY PLUS II TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY STEP BLOOD GLUCOSE METER	FE		
EASY STEP HIGH CONTROL SOLN SOLUTION	NPB		
EASY STEP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY TALK GLUCOSE TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EASY TALK HIGH CONTROL SOLUTION	NPB		
EASY TALK PLUS II LOW CONTROL SOLUTION	NPB		
EASY TALK PLUS II TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	NPB		
EASY TOUCH BLULINK GLUC SYST	FE		
EASY TOUCH BLULINK TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY TOUCH GLUCOSE MONITOR	FE		
EASY TOUCH HEALTHPRO SYSTEM KIT	FE		
EASY TOUCH TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EASY TRAK GLUCOSE TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY TRAK II BLOOD GLUCOSE MTR	FE		
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	NPB		
EASY TRAK II TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASY TRAK LOW CONTROL SOLUTION	NPB		
EASYGLUCO TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASYMAX 15 LEVEL 2 SOLUTION	NPB		
EASYMAX NG KIT	FE		
EASYMAX NORMAL CONTROL SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EASYMAX STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EASYMAX T1 KIT	FE		
EASYMAX V SPEAKING GLUCOSE SYS	FE		
ELEMENT COMPACT GLUCOSE METER	FE		
ELEMENT COMPACT NORMAL CONTROL SOLUTION	NPB		
ELEMENT COMPACT TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ELEMENT COMPACT V GLUCOSE MTR	FE		
ELEMENT NORMAL CONTROL SOLUTION	NPB		
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	FE		
ELEMENT TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EMBRACE BLOOD GLUCOSE SYSTEM	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EMBRACE EVO LEVEL 1 SOLUTION	NPB		
EMBRACE EVO TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EMBRACE GLUCOSE CONTROL LOW SOLUTION	NPB		
EMBRACE PRO GLUCOSE METER	FE		
EMBRACE PRO TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EMBRACE TALK BLOOD GLUCOSE SYS KIT	FE		
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	NPB		
EMBRACE TALK TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EMBRACE WAVE CONTROL-HIGH (L2) SOLUTION	NPB		
EMBRACE WAVE PLUS GLUCOSE MTR	FE		
EVENCARE G2	FE		
EVENCARE G2 STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EVENCARE G3 GLUCOSE METER KIT	FE		
EVENCARE G3 TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EVENCARE MINI GLUCOSE TEST STR STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EVENCARE MINI MONITOR SYSTEM	FE		
EVENCARE PROVIEW TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	FE		
EVERSENSE 365 TRANSMITTER DEVICE	FE		
EVOLUTION BLOOD GLUCOSE METER KIT	FE		
EVOLUTION NORMAL CONTROL SOLUTION	NPB		
EVOLUTION TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EZ SMART PLUS SYSTEM KIT	FE		
EZ SMART PLUS TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
EZ SMART SYSTEM KIT	FE		
EZ SMART TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FONDCIRCLE BLOOD GLUCOSE MONTR KIT	FE		
FONDCIRCLE CONTROL SOLUTION SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FORA 6 CONNECT GLUCOSE STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA D40D GLUCOSE-BP MONITOR DEVICE	FE		
FORA D40-G31 TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA G20 KIT	FE		
FORA G20 STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA G30A	FE		
FORA GD50 BLOOD GLUCOSE SYSTEM	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FORA GD50 TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA GTEL GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	NPB		
FORA KETONE CONTROL SOLN-L1 SOLUTION	NPB		
FORA NORMAL CONTROL SOLUTION	NPB		
FORA PREMIUM V10 GLUCOSE METER	FE		
FORA TEST N'GO VOICE METER	FE		
FORA TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA TN'G ADV MOBILE MULTI MTR DEVICE	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FORA TN'G ADVAN PRO TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA TN'G ADVANCE MULTI-FN MTR DEVICE	NPB		
FORA TN'G ADVANCE PRO MONITOR DEVICE	NPB		
FORA TN'G VOICE METER	FE		
FORA TN'G VOICE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA V10 STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA V10-V12-D10-D20 STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORA V12 BLOOD GLUCOSE SYSTEM	FE		
FORACARE GD20 GLUCOSE METER	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FORACARE GD20 STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORACARE GD40 TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
FORACARE GD40B GLUCOSE METER	FE		
FORACARE GDH LOW CONTROL SOLUTION	NPB		
FREESTYLE CONTROL SOLUTION	PB		
FREESTYLE FREEDOM KIT	PB		
FREESTYLE FREEDOM LITE KIT	PB		
FREESTYLE INSULINX	PB		
FREESTYLE INSULINX STRIP	PB		
FREESTYLE INSULINX TEST STRIPS STRIP	PB		
FREESTYLE LIBRE 14 DAY READER	PB	ST	
FREESTYLE LIBRE 14 DAY SENSOR KIT	PB	ST	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	PB	ST	
FREESTYLE LIBRE 2 READER	PB	ST	
FREESTYLE LIBRE 2 SENSOR KIT	PB	ST	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	PB	ST	
FREESTYLE LIBRE 3 READER	PB	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FREESTYLE LIBRE 3 SENSOR DEVICE	PB	ST	
FREESTYLE LITE METER KIT	PB		
FREESTYLE LITE STRIPS STRIP	PB		
FREESTYLE PRECISION NEO METER	FE		
FREESTYLE PRECISION NEO STRIPS STRIP	PB	PA	
FREESTYLE TEST STRIP	PB		
GE100 BLOOD GLUCOSE SYSTEM KIT	FE		
GE100 BLOOD GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GE100 CONTROL SOLUTION NORMAL SOLUTION	NPB		
GE333 BLOOD GLUCOSE SYSTEM	FE		
GE333 BLOOD GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GENSTRIP TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCO NAVII GLUCOSE MONITOR KIT	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GLUCO NAVII TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCOCARD 01 METER KIT	FE		
GLUCOCARD 01 NORMAL CONTROL SOLUTION	NPB		
GLUCOCARD 01 SENSOR PLUS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCOCARD EXPRESSION	FE		
GLUCOCARD EXPRESSION STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCOCARD SHINE CONNEX METER	FE		
GLUCOCARD SHINE EXPRESS METER	FE		
GLUCOCARD SHINE METER	FE		
GLUCOCARD SHINE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GLUCOCARD SHINE XL METER	FE		
GLUCOCARD VITAL KIT	FE		
GLUCOCARD VITAL SENSOR STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCOCARD VITAL TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCOCOM BLOOD GLUCOSE KIT	FE		
GLUCOCOM CONTROL NORMAL SOLUTION	NPB		
GLUCOCOM GLUCOSE STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GLUCOSE CONTROL SOLUTION	NPB		
GLUCOSE KETONE CONTROL SOLN SOLUTION	PB		
GM100 KIT	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GM100 STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	NPB		
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	NPB		
GOJJI MULTI-FUNCTIONAL METER KIT	NPB		
GUARDIAN 4 GLUCOSE SENSOR DEVICE	NPB	ST	
GUARDIAN 4 TRANSMITTER DEVICE	NPB	ST	
GUARDIAN SENSOR 3 DEVICE	NPB	ST	
HARMONY GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
HEALTHPRO GLUCOSE MONITOR	FE		
HEALTHPRO HIGH-LOW CONTROL SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HEALTHPRO TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	NPB		
IHEALTH GLUCO PLUS METER KIT	FE		
IHEALTH GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
INFINITY CONTROL SOLUTION NORM SOLUTION	NPB		
INFINITY STARTER KIT KIT	FE		
INFINITY TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
MICRO BLOOD GLUCOSE STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
MICRODOT BLOOD GLUCOSE SYSTEM	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
MICRODOT XTRA BLOOD GLUCOSE STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
MINIMED INSTINCT SENSOR DEVICE	NPB	ST	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	NPB		
MYGLUCOHEALTH KIT	FE		
MYGLUCOHEALTH STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
NEUTEK 2TEK TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVA MAX GLUCOSE TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
NOVA MAX PLUS GLUC-KETON METER DEVICE	NPB		
NOVA MAX PLUS GLUC-KETON METER KIT	NPB		
NOVAMAX PLUS GLU-KET SOLUTION	NPB		
ON CALL EXPRESS CONTROL SOLUTION	NPB		
ON CALL EXPRESS METER KIT	FE		
ON CALL EXPRESS TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ONETOUCH ULTRA CONTROL SOLUTION	NPB		
ONETOUCH ULTRA TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ONETOUCH ULTRA2 METER	FE		
ONETOUCH VERIO FLEX METER	FE		
ONETOUCH VERIO MID CONTROL SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ONETOUCH VERIO REFLECT METER	FE		
ONETOUCH VERIO TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
OPTIUM EZ STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PHARMACIST CHOICE GLUCOSE SYS	FE		
PHARMACIST CHOICE STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PIP BLOOD GLUCOSE MONITOR	FE		
PIP BLOOD GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PLATINUM TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PRECISION POINT OF CARE TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PRECISION XTRA KETONE-GLUCOSE KIT	PB		
PRECISION XTRA MONITOR	PB		
PRECISION XTRA TEST STRIP	PB		
PREMIER BLU GLUCOSE METER	FE		
PREMIER CLASSIC GLUCOSE METER	FE		
PREMIER COMPACT GLUCOSE METER KIT	FE		
PREMIER TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PREMIER VOICE GLUCOSE METER	FE		
PREMIUM BLOOD GLUCOSE MONITOR	FE		
PREMIUM V10	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREMIUM V10 STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PRO VOICE V8-V9 TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PRO VOICE V9 GLUCOSE MONITOR	FE		
PRODIGY AUTOCODE METER KIT	FE		
PRODIGY AUTOCODE MONITOR SYST	FE		
PRODIGY CONTROL SOLUTION, LOW SOLUTION	NPB		
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	NPB		
PRODIGY NO CODING STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
PRODIGY POCKET METER KIT	FE		
PRODIGY VOICE GLUCOSE METER KIT	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
QUINTET AC STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
QUINTET BLOOD GLUCOSE METER	FE		
REFUAH PLUS GLUCOSE CONTROL SOLUTION	NPB		
REFUAH PLUS GLUCOSE MONITOR KIT	FE		
REFUAH PLUS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
RELION ALL-IN-ONE METER KIT	FE		
RELION CONFIRM KIT	FE		
RELION CONFIRM-MICRO STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
RELION MICRO GLUCOSE MONITOR KIT	FE		
RELION PRIME METER	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RELION PRIME TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
RELION ULTIMA STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
REVEAL BLOOD GLUCOSE METER KIT	FE		
REVEAL TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	NPB		
RIGHTEST GM550 SYSTEM KIT	FE		
RIGHTEST GS550 TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
RIGHTEST GT333 GLUCOSE METER	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RIGHTEST GT333 TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
SIMPLERA SENSOR DEVICE	NPB	ST	
SIMPLERA SYNC SENSOR DEVICE	NPB	ST	
SMART SENSE MONITORING SYSTEM	FE		
SMART SENSE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
SMARTEST CONTROL SOLUTION	NPB		
SMARTEST EJECT KIT	FE		
SMARTEST PERSONA STARTER KIT	FE		
SMARTEST PRONTO STARTER KIT	FE		
SMARTEST PROTEGE KIT	FE		
SMARTEST TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
SOLUS V2 AUDIBLE METER	FE		
SOLUS V2 AUDIBLE METER KIT	FE		
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOLUS V2 TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
SURE-TEST EASYPLUS MINI METER	FE		
SURE-TEST EASYPLUS MINI STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
TELCARE CONTROL SOLUTION	NPB		
TELCARE TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
TEST N'GO BLOOD GLUCOSE SYSTEM	FE		
TEST N'GO TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
TRUE METRIX AIR GLUCOSE METER	PB		
TRUE METRIX GLUCOSE METER	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRUE METRIX GLUCOSE TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
TRUE METRIX GO GLUCOSE METER	PB		
TRUE METRIX LEVEL 1 SOLUTION	PB		
TRUERESULT BLOOD GLUCOSE SYSTM KIT	FE		
TRUETEST TEST STRIPS STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	FE		
TRUETRACK SMART SYSTEM KIT	FE		
TRUETRACK TEST STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ULTIMA MONITOR	FE		
ULTRATRAK GLUCOSE METER	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ULTRATRAK STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
ULTRATRAK ULTIMATE	FE		
ULTRATRAK ULTIMATE STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
UNISTRIP LOW CONTROL SOLUTION	NPB		
UNISTRIP1 TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	NPB		
VIVAGUARD INO GLUCOSE METER	FE		
VIVAGUARD INO SMART GLUC METER	FE		
VIVAGUARD INO TEST STRIP STRIP	FE		FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT			
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	FE		ULTRA-FINE INSULIN SYRINGE
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	PB		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	PB		
GLUCOSE ELEVATING AGENTS			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	PB	QL	
diazoxide oral suspension 50 mg/ml	PG		
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	FE		glucagon emergency kit, BAQSIMI, GVOKE
glucagon emergency kit (human) injection recon soln 1 mg	PG	QL	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	PB	QL	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	PB	QL	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	PB	QL	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	NPB		diazoxide
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	PB		
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	PB		
BD MICROTAINER LANCET 30 GAUGE	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	PB		
CEQUR SIMPLICITY DEVICE 2 UNIT	PB		
GENTEEL VACUUM LANCING DEVICE COMBO PACK	NPB		
ILET STARTER KIT-INSET KIT	PB		
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	NPB		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	NPB		
LANCETS 33 GAUGE	PB		
LANCING DEVICE	PB		
MODD1 PATIENT WELCOME KIT KIT	NPB		ILET INFUSION-CONTACT DETACH, ILET INFUSION KIT-INSET, ILET INSULIN PUMP, MINIMED, TANDEM MOBI SYSTEM
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	NPB		
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	PB		
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	FE		AUTOSHIELD DUO PEN NEEDLE, NANO 2ND GEN PEN NEEDLE, NANO PEN NEEDLE, ULTRA-FINE PEN NEEDLE
TWIIST REFILL KT(CSST-NDL-SYR) KIT	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	PB		
TWIIST STARTER KIT KIT	PB		
V-GO 20 DEVICE	PB		
V-GO 30 DEVICE	PB		
V-GO 40 DEVICE	PB		
INSULIN THERAPY			
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100, MERILOG SOLOSTAR
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO, LYUMJEV, MERILOG
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	FE		HUMALOG, INSULIN LISPRO, LYUMJEV, MERILOG
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100, MERILOG SOLOSTAR
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO, LYUMJEV, MERILOG
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100, MERILOG SOLOSTAR
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	FE		HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100, MERILOG SOLOSTAR

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	FE		HUMALOG, INSULIN LISPRO, LYUMJEV, MERILOG
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO, LYUMJEV, MERILOG
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	PB		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	PB		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	PB		
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	PB		
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	PB		
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PB		
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	PB		
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		INSULIN LISPRO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	PB		
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PB		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PB		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	PB		
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	PB		
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	FE		INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-200
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR, TOUJEO MAX SOLOSTAR, TRESIBA FLEXTOUCH U-100, TRESIBA FLEXTOUCH U-200
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	PB		
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PB		
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		HUMALOG, INSULIN LISPRO KWIKPEN U-100, MERILOG SOLOSTAR
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO, MERILOG
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PB		
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PB		
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PB		
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	FE		HUMULIN 70/30 KWIKPEN
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		HUMULIN N KWIKPEN

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		HUMULIN R
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		HUMALOG, INSULIN LISPRO KWIKPEN U-100, MERILOG SOLOSTAR
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	FE		HUMALOG MIX 75-25
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	FE		HUMALOG MIX 75-25
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO, MERILOG
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		HUMALOG, INSULIN LISPRO, MERILOG
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	FE		HUMULIN 70-30
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	FE		HUMULIN N
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	FE		HUMULIN R
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	PB	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	PB		
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	PB		
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PB		
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
MISCELLANEOUS HORMONES			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	PS	PA; LA	
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	FE	T	testosterone
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	FE	T	testosterone cypionate, testosterone enanthate, XYOSTED
AVLAYAH INTRAVENOUS RECON SOLN 150 MG	NPS	PA	
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	FE	T	testosterone cypionate, testosterone enanthate, XYOSTED
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	PS	PA	
cabergoline oral tablet 0.5 mg	PG	QL	
calcitonin (salmon) injection solution 200 unit/ml	PG		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	PG		
CERDELGA ORAL CAPSULE 84 MG	PS	PA; QL; LA	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cetrorelix subcutaneous kit 0.25 mg	PS	F	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	PS	F; LA	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	NPB	ST; F	OVIDREL, PREGNYL
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	FE	F	OVIDREL, PREGNYL
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	PG	ST	
clomid oral tablet 50 mg	PG	F	
clomiphene citrate oral tablet 50 mg	PG	F	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	NPS	PA	
CRENESSITY ORAL SOLUTION 50 MG/ML	NPS	PA	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	PS	PA; QL; LA	
danazol oral capsule 100 mg, 200 mg, 50 mg	PG		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	NPB		desmopressin acetate
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	NPB	PA; T	testosterone cypionate
DESMODA ORAL SOLUTION 0.05 MG/ML	FE		desmopressin acetate, desmopressin acetate
desmopressin injection solution 4 mcg/ml	PS	LA	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	PG		
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	PB		
desmopressin oral tablet 0.1 mg, 0.2 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	PS	PA; LA	
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	FE		CEREZYME
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	PS	PA; LA	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	PS	PA; LA	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	FE	F	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
fyremadel subcutaneous syringe 250 mcg/0.5 ml	PS	F; LA	
GALAFOLD ORAL CAPSULE 123 MG	NPS	PA; QL; LA	FABRAZYME
ganirelix subcutaneous syringe 250 mcg/0.5 ml	PS	ST; F; LA	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	PS	ST; F; LA	
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	PS	ST; F; LA	
ISTURISA ORAL TABLET 1 MG, 5 MG	FE		ketoconazole, SIGNIFOR
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	NPB	PA; QL; T	testosterone, testosterone
javygtor oral powder in packet 100 mg, 500 mg	PS	PA; LA	
javygtor oral tablet,soluble 100 mg	PS	PA; LA	
JYNARQUE ORAL TABLET 15 MG, 30 MG	NPS	PA; QL	tolvaptan

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	NPS	PA; QL	tolvaptan
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	PS	PA; LA	
KORLYM ORAL TABLET 300 MG	FE		mifepristone
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	FE		sapropterin dihydrochloride
KUVAN ORAL TABLET,SOLUBLE 100 MG	FE		sapropterin dihydrochloride
KYZATREX ORAL CAPSULE 150 MG, 200 MG	FE	T	testosterone, testosterone
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	PS	PA; LA	
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	PS	F; LA	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	PS	PA; LA	
METHITEST ORAL TABLET 10 MG	PB		
methyltestosterone oral capsule 10 mg	PG		
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	NPB		calcitonin-salmon
mifepristone oral tablet 300 mg	PS	LA	
miglustat oral capsule 100 mg	PS	PA; QL; LA	
milophene oral tablet 50 mg	PG	F	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	PS	PA; LA	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	PS	PA; LA	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	FE	T	testosterone, testosterone
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	NPS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	FE	F	OVIDREL, PREGNYL
OPFOLDA ORAL CAPSULE 65 MG	FE		LUMIZYME
ORILISSA ORAL TABLET 150 MG, 200 MG	PB	QL	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	PS	F; LA	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	PS	PA; QL; LA	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	PG		
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	PG		
POMBILITI INTRAVENOUS RECON SOLN 105 MG	NPS	PA; LA	LUMIZYME
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	PS	QL; F; LA	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	NPB		calcitriol, doxercalciferol, paricalcitol
RECORLEV ORAL TABLET 150 MG	FE		ketoconazole
SAMSCA ORAL TABLET 15 MG, 30 MG	FE		tolvaptan
sapropterin oral powder in packet 100 mg, 500 mg	PS	PA; LA	
sapropterin oral tablet,soluble 100 mg	PS	PA; LA	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	FE		cinacalcet hcl
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	FE		sapropterin dihydrochloride
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PS	PA; LA	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	PB	PA	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	NPS	PA; LA	
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG	NPS		
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	FE	T	testosterone
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	FE	T	
TESTOPEL IMPLANT PELLET 75 MG	NPS	PA; T	testosterone cypionate, testosterone enanthate, XYOSTED
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	PG	PA; T	
testosterone enanthate intramuscular oil 200 mg/ml	PG	PA; T	
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 50 MG	NPB	PA; T	
testosterone transdermal gel 50 mg/5 gram (1 %)	PG	PA; QL; T	
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 %)	PG	PA; QL; T	
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)	PG	PA; QL; T	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	PG	PA; QL; T	
TLANDO ORAL CAPSULE 112.5 MG	FE	T	testosterone, testosterone
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	PS	QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	PS	QL; LA	
tolvaptan oral tablet 15 mg, 30 mg	PS	PA; QL; LA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	PS	PA; LA	
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	NPB	PA; QL; T	testosterone
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	NPB	PA; QL; T	testosterone
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	NPB	PA; QL; T	testosterone
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	NPS	PA; LA	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	FE		CEREZYME
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	PB	PA; QL; T	
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	NPS	PA	
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG, 5.5 MG	FE		
zelvysia oral powder in packet 100 mg, 500 mg	PS	PA	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	NPB		paricalcitol
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NPB		paricalcitol
zoledronic acid intravenous recon soln 4 mg	PS	LA	
zoledronic acid intravenous solution 4 mg/5 ml	PS	LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	PS	LA	
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	NPS	LA	
NON-INSULIN HYPOGLYCEMIC AGENTS			
acarbose oral tablet 100 mg, 25 mg, 50 mg	PG		
ACTOPLUS MET ORAL TABLET 15-850 MG	NPB	QL	pioglitazone-metformin
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	NPB	QL	pioglitazone hcl
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	FE		saxagliptin hcl, JANUVIA
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	FE		pioglitazone hcl, saxagliptin hcl, JANUVIA
BRENZAVVY ORAL TABLET 20 MG	FE		dapagliflozin, JARDIANCE
BRYNOVIN ORAL SOLUTION 25 MG/ML	FE		saxagliptin hcl, JANUVIA
CYCLOSET ORAL TABLET 0.8 MG	NPB		metformin hcl, glimepiride, glipizide, glyburide
dapagliflozin oral tablet 10 mg, 5 mg	PG	ST; QL	
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	PG	ST; QL	
dapagliflozin-saxagliptin oral tablet 10-5 mg	PG		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	NPB	QL	pioglitazone-glimepiride
FARXIGA ORAL TABLET 10 MG, 5 MG	FE		dapagliflozin
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PG		
GLIMEPIRIDE ORAL TABLET 3 MG	FE		glimepiride
glipizide oral tablet 10 mg, 5 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GLIPIZIDE ORAL TABLET 15 MG, 2.5 MG	FE		glipizide
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	PG		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PG		
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PG		
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PG		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	PB	ST; QL	
INPEFA ORAL TABLET 200 MG, 400 MG	FE		dapagliflozin, JARDIANCE
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	FE		dapagliflozin-metformin er, SYNJARDY, SYNJARDY XR
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	FE		dapagliflozin-metformin er, SYNJARDY, SYNJARDY XR
INVOKANA ORAL TABLET 100 MG, 300 MG	FE		dapagliflozin, JARDIANCE
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	PB	ST; QL	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	PB	ST; QL	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	PB	ST; QL	
JARDIANCE ORAL TABLET 10 MG, 25 MG	PB	ST; QL	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	NPB	ST; QL	saxagliptin-metformin er, JANUMET, JANUMET XR

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	PG	ST; QL	
metformin oral solution 500 mg/5 ml	PG	ST	
metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg	PG		
metformin oral tablet 750 mg	PG	ST	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	PG	QL	
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	PB	PA; QL	
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	PG	PA; QL	
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG		
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	PB	ST; QL	
nateglinide oral tablet 120 mg, 60 mg	PG		
NESINA ORAL TABLET 25 MG	FE		saxagliptin hcl, JANUVIA
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	PB	ST; QL	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PB	ST; QL	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	PG	QL	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	PG	QL	
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	PG	QL	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	PG		
RIOMET ORAL SOLUTION 500 MG/5 ML	NPB	ST	metformin hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PB	ST; QL	
saxagliptin oral tablet 2.5 mg, 5 mg	PG	ST; QL	
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	PG	ST; QL	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	FE		dapagliflozin-metformin er, SYNJARDY, SYNJARDY XR
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	FE		saxagliptin hcl, JANUVIA
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
STEGLATRO ORAL TABLET 15 MG, 5 MG	FE		dapagliflozin, JARDIANCE
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	FE		GLYXAMBI
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	PB	ST; QL	
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	PB	ST; QL	
TRADJENTA ORAL TABLET 5 MG	FE		saxagliptin hcl, JANUVIA
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	PB	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	PB	ST; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	FE		liraglutide
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	FE		liraglutide
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	FE		dapagliflozin-metformin er
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	FE		
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	FE		saxagliptin hcl, JANUVIA
THYROID HORMONES			
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	FE		levothyroxine sodium, np thyroid, ARMOUR THYROID
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	PB		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	FE		liomny, liothyronine sodium
evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	PG		
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	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	FE		levothyroxine sodium, levoxyl, unithroid
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	PG		
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	PG		
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	PG		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	PG		
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
RENTHYROID ORAL TABLET 45 MG, 75 MG	NPB		
SYNTHROID 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	FE		levothyroxine sodium, levoxyl, unithroid
THYQUIDITY ORAL SOLUTION 20 MCG/ML	FE		levothyroxine sodium, levoxyl, unithroid
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	FE		levothyroxine sodium, levoxyl, unithroid

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	FE		levothyroxine sodium, levoxyl, unithroid
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	PG		
GASTROENTEROLOGY			
ANTIDIARRHEALS & ANTISPASMODICS			
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	PG	PA; QL	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	PG		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	FE		glycopyrrolate
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	FE		glycopyrrolate
dicyclomine oral capsule 10 mg	PG		
dicyclomine oral solution 10 mg/5 ml	PG		
dicyclomine oral tablet 20 mg	PG		
DICYCLOMINE ORAL TABLET 40 MG	FE		dicyclomine hcl
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	PG		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	PG		
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	NPB		phenohytro
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	NPB		phenohytro
ed-spaz oral tablet,disintegrating 0.125 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GLYCATE ORAL TABLET 1.5 MG	NPB		glycopyrrolate
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	PG		
glycopyrrolate oral tablet 1 mg, 2 mg	PG		
glycopyrrolate oral tablet 1.5 mg	FE		glycopyrrolate 1 mg or 2 mg tablet
hyoscyamine sulfate oral drops 0.125 mg/ml	PG		
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	PG		
hyoscyamine sulfate oral tablet 0.125 mg	PG		
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	PG		
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	PG		
hyoscyamine sulfate sublingual tablet 0.125 mg	PG		
hyosyne oral drops 0.125 mg/ml	PG		
hyosyne oral elixir 0.125 mg/5 ml	PG		
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	NPB		hyoscyamine sulfate
LEVSIN ORAL TABLET 0.125 MG	NPB		hyoscyamine sulfate
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	NPB		hyoscyamine sulfate
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	FE		chlordiazepoxide-clidinium
LOMOTIL ORAL TABLET 2.5-0.025 MG	NPB		diphenoxylate-atropine
methscopolamine oral tablet 2.5 mg, 5 mg	NPG		glycopyrrolate
MOTOFEN ORAL TABLET 1-0.025 MG	NPB		diphenoxylate-atropine
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	FE		diphenoxylate-atropine, loperamide hcl
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	NPB		hyoscyamine sulfate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
opium tincture oral tincture 10 mg/ml (morphine)	FE		diphenoxylate-atropine, loperamide hcl
oscimin oral tablet 0.125 mg	PG		
oscimin sl sublingual tablet 0.125 mg	PG		
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	PG		
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	PG		
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	PG		
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	PG		
ROBINUL FORTE ORAL TABLET 2 MG	NPB		glycopyrrolate
ROBINUL ORAL TABLET 1 MG	NPB		glycopyrrolate
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	NPB		hyoscyamine sulfate
symax fastabs oral tablet,disintegrating 0.125 mg	PG		
symax-sl sublingual tablet 0.125 mg	PG		
symax-sr oral tablet extended release 12 hr 0.375 mg	PG		
MISCELLANEOUS GASTROINTESTINAL AGENTS			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	FE		granisetron hcl, ondansetron hcl, aprepitant, VARUBI
alosetron oral tablet 0.5 mg, 1 mg	PG		
alvimopan oral capsule 12 mg	PG		
AMITIZA ORAL CAPSULE 8 MCG	FE		lubiprostone
ANALPRAM-HC RECTAL CREAM 1-1 %	NPB		hc pramoxine, pramoxine hcl w/hydrocortisone
ANALPRAM-HC RECTAL CREAM 2.5-1 %	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTIVERT ORAL TABLET 50 MG	FE		meclizine hcl
anucort-hc rectal suppository 25 mg	PG		
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	FE		hydrocortisone acetate
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	FE		procto-med hc, proctosol-hc, proctozone-hc
aprepitant oral capsule 125 mg, 40 mg, 80 mg	PG	QL	
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	PG	QL	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	NPB	ST	mesalamine er
AVSOLA INTRAVENOUS RECON SOLN 100 MG	PS	PA; LA	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	NPB	ST	sulfasalazine
AZULFIDINE ORAL TABLET 500 MG	NPB	ST	sulfasalazine
balsalazide oral capsule 750 mg	PG		
betaine oral powder 1 gram/scoop	PS	PA	
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	FE		doxylamine succ-pyridoxine hcl
budesonide oral capsule,delayed,extend.release 3 mg	PG		
budesonide oral tablet,delayed and ext.release 9 mg	PG	ST	
budesonide rectal foam 2 mg/actuation	PG		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	NPS	PA; QL; LA	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BYLVAY ORAL PELLET 200 MCG, 600 MCG	NPS	PA; QL; LA	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
CANASA RECTAL SUPPOSITORY 1,000 MG	FE		mesalamine
CHOLBAM ORAL CAPSULE 250 MG	PS	PA	
CHOLBAM ORAL CAPSULE 50 MG	PS	PA; QL	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	FE		ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	FE		ENBREL, OTEZLA, SKYRIZI PEN, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
citroma oral solution	PG	ACA	
clearlax oral powder 17 gram/dose	PG	ACA	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	FE		peg3350-sod sul-nacl-kcl-asb-c, sod sulf-potass sulf-mag sulf
COLAZAL ORAL CAPSULE 750 MG	NPB	ST	balsalazide disodium
COMPAZINE ORAL TABLET 10 MG, 5 MG	NPB		prochlorperazine maleate
COMPAZINE RECTAL SUPPOSITORY 25 MG	NPB		prochlorperazine maleate
compro rectal suppository 25 mg	PG		
constulose oral solution 10 gram/15 ml	PG		
CORTENEMA RECTAL ENEMA 100 MG/60 ML	NPB		hydrocortisone
CORTIFOAM RECTAL FOAM 10 % (80 MG)	FE		budesonide, 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	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cromolyn oral concentrate 100 mg/5 ml	PG		
CTEXLI ORAL TABLET 250 MG	PS	PA	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	FE		betaine anhydrous
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	NPB		doxylamine succ-pyridoxine hcl
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	PG	ST	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	PG		
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	PG	ACA	
EMEND ORAL CAPSULE 80 MG	FE		aprepitant
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	FE		aprepitant
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	FE		aprepitant, VARUBI
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	PS	PA; LA	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	FE		ENTYVIO, OMVOH, OMVOH PEN, SKYRIZI ON-BODY, VELSIPITY, ZYMFENTRA
enulose oral solution 10 gram/15 ml	PG		
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	FE		budesonide
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	NPB		cromolyn sodium
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	NPS	PA; LA	
gavilax oral powder 17 gram/dose	PG	ACA	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	PG	ACA	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	PG	ACA	
gavilyte-n oral recon soln 420 gram	PG	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
generlac oral solution 10 gram/15 ml	PG		
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	PG	ACA	
gentlelax oral powder 17 gram/dose	PG	ACA	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	FE		
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	NPB		gavilyte-g, peg 3350-electrolyte
granisetron hcl oral tablet 1 mg	PG	QL	
GRANISOL ORAL SOLUTION 1 MG/5 ML	FE		granisetron hcl, ondansetron hcl
hemmorex-hc rectal suppository 25 mg, 30 mg	PG		
hydrocortisone acetate rectal suppository 25 mg, 30 mg	PG		
hydrocortisone acetate topical cream with perineal applicator 2.5 %	PG		
hydrocortisone rectal enema 100 mg/60 ml	PG		
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	PG		
hydrocortisone-pramoxine rectal cream 1-1 %	PG		
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	PG	ST	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	FE		hydrocortisone acetate, hc pramoxine
IBSRELA ORAL TABLET 50 MG	FE		lubiprostone, LINZESS, TRULANCE
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	FE		AVSOLA, INFLIXIMAB
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	PS	PA	
IQIRVO ORAL TABLET 80 MG	PS	LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	NPB		lactulose
lactulose oral packet 10 gram	FE		lactulose solutions
lactulose oral packet 20 gram	PG		
lactulose oral solution 10 gram/15 ml	PG		
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	FE		mesalamine
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	PG		
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	NPB		lidocaine-hydrocortisone
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-2.5 % (7 gram)	PG		
lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram)	PG	PA	hydrocortisone acetate 2.5%-pramoxine hcl 1% cream AND lidocaine hcl 3%-hydrocortisone acetate 0.5% cream
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	PG		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	PB		
LIVDELZI ORAL CAPSULE 10 MG	FE		IQIRVO
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	NPS	PA	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	NPS	PA	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	FE		alosetron hcl
lubiprostone oral capsule 24 mcg, 8 mcg	PG		
magnesium citrate oral solution	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	NPB		dronabinol
meclizine oral tablet 50 mg	PG		
mesalamine oral capsule (with del rel tablets) 400 mg	PG		
mesalamine oral capsule, extended release 500 mg	PG	ST	
mesalamine oral capsule,extended release 24hr 0.375 gram	PG	ST	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	PG		
mesalamine rectal enema 4 gram/60 ml	PG		
mesalamine rectal suppository 1,000 mg	PG	ST	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	PG		
metoclopramide hcl oral solution 5 mg/5 ml	PG		
metoclopramide hcl oral tablet 10 mg, 5 mg	PG		
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	FE		hydrocortisone
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	PG	ACA	
milk of magnesia oral suspension 400 mg/5 ml	PG	ACA	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	FE		prucalopride
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	PB		
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	FE		peg3350-sod sul-nacl-kcl-asb-c
NEREUS ORAL CAPSULE 85 MG	FE		
nitroglycerin rectal ointment 0.4 % (w/w)	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	FE		epifoam, hydrocortisone/pramoxine cream, pramosone cream, pramosone lotion, pramosone ointment
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	PS	PA; LA	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	PS	PA; QL; LA	
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	PS	PA; QL; LA	
ondansetron hcl oral solution 4 mg/5 ml	PG	QL	
ondansetron hcl oral tablet 4 mg, 8 mg	PG	QL	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	FE		ondansetron odt
ondansetron oral tablet,disintegrating 4 mg, 8 mg	PG	QL	
onelax magnesium citrate oral solution	PG	ACA	
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	PG	ACA	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	PB		
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	PG	ACA	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	PG	ACA	
peg-electrolyte soln oral recon soln 420 gram	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	PB		
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	NPB		mesalamine er
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	FE		CREON, PANCREAZE, ZENPEP
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	PG	ACA	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	FE		peg3350-sod sul-nacl-kcl-asb-c, sod sulf-potass sulf-mag sulf
polyethylene glycol 3350 oral powder 17 gram/dose	PG	ACA	
powderlax oral powder 17 gram/dose	PG	ACA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG		
prochlorperazine rectal suppository 25 mg	PG		
PROCORT RECTAL CREAM 1.85-1.15 %	NPB		hc pramoxine, pramoxine hcl w/hydrocortisone
PROCTOCORT RECTAL SUPPOSITORY 30 MG	NPB		hydrocortisone acetate
PROCTOFOAM HC RECTAL FOAM 1-1 %	FE		pramoxine hcl w/hydrocortisone
procto-med hc topical cream with perineal applicator 2.5 %	PG		
proctosol hc topical cream with perineal applicator 2.5 %	PG		
proctozone-hc topical cream with perineal applicator 2.5 %	PG		
prucalopride oral tablet 1 mg, 2 mg	PG		
purelax oral powder 17 gram/dose	PG	ACA	
REBYOTA RECTAL ENEMA 150 ML	NPS	LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RECTIV RECTAL OINTMENT 0.4 % (W/W)	PB		
REGLAN ORAL TABLET 10 MG, 5 MG	NPB		metoclopramide hcl
RELISTOR ORAL TABLET 150 MG	FE		lubiprostone, MOVANTIK, SYMPROIC
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	PB	ST	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	PB	ST	
RELTONE ORAL CAPSULE 200 MG, 400 MG	FE		ursodiol
REMICADE INTRAVENOUS RECON SOLN 100 MG	FE		AVSOLA, INFLIXIMAB
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	FE		AVSOLA, INFLIXIMAB
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	NPB		mesalamine
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	NPB	QL	granisetron hcl, ondansetron hcl
scopolamine base transdermal patch 3 day 1 mg over 3 days	PG		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PS	PA; LA	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PS	PA; QL; LA	
smoothlax oral powder 17 gram/dose	PG	ACA	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	PG	ACA	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	PS	PA	
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	FE		peg3350-sod sul-nacl-kcl-asb-c, sod sulf-potass sulf-mag sulf
sulfasalazine oral tablet 500 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	PG		
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	FE		sod sulf-potass sulf-mag sulf
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	FE		peg3350-sod sul-nacl-kcl-asb-c, sod sulf-potass sulf-mag sulf
SYMPROIC ORAL TABLET 0.2 MG	PB		
SYNDROS ORAL SOLUTION 5 MG/ML	NPB		dronabinol
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	FE		scopolamine
trimethobenzamide oral capsule 300 mg	PG		
TRULANCE ORAL TABLET 3 MG	PB		
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	NPB		budesonide er
UCERIS RECTAL FOAM 2 MG/ACTUATION	NPB		budesonide
URSO FORTE ORAL TABLET 500 MG	NPB		ursodiol
ursodiol oral capsule 200 mg, 300 mg, 400 mg	PG		
ursodiol oral tablet 250 mg, 500 mg	PG		
VARUBI ORAL TABLET 90 MG	PB	QL	
VELSIPITY ORAL TABLET 2 MG	PS	PA; QL; LA	
VIBERZI ORAL TABLET 100 MG, 75 MG	PB		
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	PB		
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	NPS		
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PB		
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	PS	PA; QL; LA	
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	PS	PA; QL; LA	
ULCER THERAPY			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	FE		rabeprazole sodium
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	PG	QL	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	PG		
CARAFATE ORAL TABLET 1 GRAM	FE		sucralfate
cimetidine hcl oral solution 300 mg/5 ml	PG		
cimetidine oral tablet 300 mg, 400 mg, 800 mg	PG		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	NPB		misoprostol
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	PG		
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	ST; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
esomeprazole magnesium oral granules dr for susp in packet 40 mg	PG	ST	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	PG		
famotidine oral tablet 40 mg	PG		
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	PG		
lansoprazole oral tablet,disintegrat, delay rel 15 mg	PG	ST; QL	
lansoprazole oral tablet,disintegrat, delay rel 30 mg	PG	ST	
misoprostol oral tablet 100 mcg, 200 mcg	PG		
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	FE		esomeprazole magnesium
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	FE		esomeprazole magnesium
nizatidine oral capsule 150 mg, 300 mg	PG		
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	NPB	QL	bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	PG	QL	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	PG		
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	PB	PA	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	PB	PA; QL	
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	PB	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pantoprazole oral granules dr for susp in packet 40 mg	PG	ST	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	PG	QL	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	PG		
PEPCID ORAL TABLET 40 MG	NPB		famotidine
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	FE		lansoprazole
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	FE		lansoprazole
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	FE		pantoprazole sodium
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	FE		pantoprazole sodium
PYLERA ORAL CAPSULE 140-125-125 MG	FE		bismuth-metronidazole-tetracyc
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	PG		
ranitidine hcl oral tablet 300 mg	PG		
sucralfate oral suspension 100 mg/ml	PG		
sucralfate oral tablet 1 gram	PG		
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	PB	QL	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	NPB		bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VOQUEZNA ORAL TABLET 10 MG, 20 MG	NPB	ST	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	NPB		bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY			
BIOTECHNOLOGY DRUGS			
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG	FE		plerixafor
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	FE		PROCRIT, RETACRIT
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	FE		PROCRIT, RETACRIT
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	NPS	PA; QL	ILARIS
EPOGEN 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	FE		PROCRIT, RETACRIT
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PS	PA; QL; LA	
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	FE		NIVESTYM
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE		NIVESTYM
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LEUKINE INJECTION RECON SOLN 250 MCG	PS	PA; LA	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	FE		PROCRIT, RETACRIT
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	NPS	LA	plerixafor
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	FE		FULPHILA, ZIEXTENZO
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	FE		NIVESTYM
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE		NIVESTYM
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PS	PA; LA	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PS	PA; LA	
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE		NIVESTYM
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	PS	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	PS	PA; LA	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	NPS		
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE		NIVESTYM
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	PS	PA; LA	
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	FE		FULPHILA, ZIEXTENZO
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
XOLREMDI ORAL CAPSULE 100 MG	NPS	PA	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE		NIVESTYM
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PS	PA; QL; LA	
ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	PS	PA	
GROWTH HORMONES			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	PS	PA; LA	
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PS	PA; LA	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PS	PA; LA	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	FE		GENOTROPIN, OMNITROPE
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	PS	PA; LA	
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	FE		GENOTROPIN, OMNITROPE
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PS	PA; LA	
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PS	PA; LA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PS	PA; LA	
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	FE		GENOTROPIN, OMNITROPE, NGENLA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	FE		GENOTROPIN, OMNITROPE, NGENLA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	FE		GENOTROPIN, OMNITROPE
INTERFERONS			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PS	PA; LA	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	PB		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	FE		hydroxyurea
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PS	QL; LA	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PS	QL; LA	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS			
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	PB	ACA	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PB	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PB	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PB	ACA	
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
ALYGLO INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	PB	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ASCENIV INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	PB		
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	PB		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PB	ACA	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	PB		
BIVIGAM INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PB	ACA	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	FE		AIMOVIG AUTOINJECTOR, AJOVY AUTOINJECTOR, EMGALITY, QULIPTA, DYSPORT, MYOBLOC, BROMI-LOTION
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	PB	ACA	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	PB	ACA	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	FE		GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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 %)	NPS	PA; LA	XEMBIFY
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	PS	PA; LA	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	PB	ACA	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	FE		DYSPORT, MYOBLOC
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	PB		
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	PS	PA; LA	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PB	ACA	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PB	ACA	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PB	ACA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	NPS	PA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	PB	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PB	ACA	
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PB	ACA	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	PB	ACA	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	PS		
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	PS	LA	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	PS	PA; LA	
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	PS	PA; LA	
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	FE		GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C, XEMBIFY

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
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 %)	PS	PA; LA	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PB	ACA	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PB	ACA	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PB	ACA	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PB	ACA	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	NPS	PA; LA	XEMBIFY
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	NPS	PA; LA	XEMBIFY
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 %)	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PB		
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	PB	ACA	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	PB	ACA	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	PB		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	PB	ACA	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	PB	ACA	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PB	ACA	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PB	ACA	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	PB	ACA	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PB	ACA	
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	PB	ACA	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PB	ACA	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	PS	PA; LA	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	PB	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	PS	PA	
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	FE		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	FE		
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	FE		
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	FE		
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	FE		
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	FE		
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	FE		
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	FE		
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	FE		
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	FE		
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	FE		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	FE		
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	FE		
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	FE		
PANZYGA INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
PAPZIMEOS SUBCUTANEOUS SUSPENSION 5 X 10EXP11 PU/ML	NPS	PA	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	PB	ACA	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	PB	ACA	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	PB	ACA	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	PB	ACA	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	PB	ACA	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PB	ACA	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	PB	ACA	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	PB	ACA	
QIVIGY INTRAVENOUS SOLUTION 10 %	FE		GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	PB	ACA	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	PB	ACA	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PB		
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PB	ACA	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PB	ACA	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	PB	ACA	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	PB	ACA	
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PB	ACA	
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PB	ACA	
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	PB	ACA	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PB	ACA	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PB	ACA	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	PB		
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	PB		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	PB		
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PB	ACA	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PB	ACA	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	PB		
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	PB		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	PB	ACA	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	PB	ACA	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PB	ACA	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	PB		
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	PB	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	PB		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	PB		
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	PS	PA; LA	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	FE		DYSPORT, MYOBLOC
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	PB		
YIMMUGO INTRAVENOUS SOLUTION 10 %	FE		GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C
MUSCULOSKELETAL & RHEUMATOLOGY			
GOUT THERAPY			
allopurinol oral tablet 100 mg, 200 mg, 300 mg	PG		
colchicine oral capsule 0.6 mg	PG	ST	
colchicine oral tablet 0.6 mg	PG		
COLCRYS ORAL TABLET 0.6 MG	FE		colchicine
febuxostat oral tablet 40 mg, 80 mg	PG	ST	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	NPB		colchicine, MITIGARE
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML	PS	PA; LA	
MITIGARE ORAL CAPSULE 0.6 MG	PB	ST	
probenecid oral tablet 500 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
probenecid-colchicine oral tablet 500-0.5 mg	PG		
ULORIC ORAL TABLET 40 MG, 80 MG	FE		febuxostat
ZYLOPRIM ORAL TABLET 100 MG	NPB		allopurinol
OSTEOPOROSIS THERAPY			
ACTONEL ORAL TABLET 150 MG, 35 MG	NPB	ST; QL	risedronate sodium
alendronate oral solution 70 mg/75 ml	PG	QL	
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	PG	QL	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	NPB	ST; QL	risedronate sodium dr
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	PS	PA; QL; LA	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	NPB	ST; QL	alendronate sodium
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	NPS	PA; QL	teriparatide
BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML	FE		BILDYOS, ENOBY
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	FE		BILDYOS, ENOBY
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	PS	PA; QL	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	FE		alendronate sodium, ibandronate sodium, teriparatide, zoledronic acid, BILDYOS, ENOBY, TYMLOS
EVISTA ORAL TABLET 60 MG	NPB		raloxifene hcl
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	FE		teriparatide
FOSAMAX ORAL TABLET 70 MG	NPB	ST; QL	alendronate sodium

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	NPB	ST; QL	alendronate sodium
ibandronate intravenous solution 3 mg/3 ml	PS	PA; LA	
ibandronate intravenous syringe 3 mg/3 ml	PS	PA; LA	
ibandronate oral tablet 150 mg	PG	QL	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	FE		BILDYOS, ENOBY
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	FE		BILDYOS, ENOBY
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	FE		BILDYOS, ENOBY
raloxifene oral tablet 60 mg	PG		
risedronate oral tablet 150 mg, 35 mg, 5 mg	PG	QL	
risedronate oral tablet,delayed release (dr/ec) 35 mg	PG	QL	
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	FE		BILDYOS, ENOBY
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	PS	PA; QL; LA	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PS	PA; QL; LA	
OTHER RHEUMATOLOGICALS			
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	FE		TYENNE, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, ENBREL, SIMLANDI(CF) AUTOINJECTOR
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	FE		AVTOZMA, TYENNE
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	FE		TYENNE, ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, ENBREL, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	PS	PA; QL	
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PS	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	PS	PA; QL; LA	
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	PS	PA; QL; LA	
ADALIMUMAB-BWWD SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-BWWD SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	PS	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	PS	PA; QL	
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ARAVA ORAL TABLET 10 MG, 20 MG	NPB	QL	leflunomide
AURANOFIN ORAL CAPSULE 3 MG	PB		
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	FE		TYENNE, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, ENBREL, SIMLANDI(CF) AUTOINJECTOR
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	FE		TYENNE, ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, ENBREL, SIMLANDI(CF) AUTOINJECTOR
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	PS	PA; LA	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PS	PA; QL; LA	
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PS	PA; QL; LA	
CUPRIMINE ORAL CAPSULE 250 MG	FE		penicillamine
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
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	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
DEPEN TITRATABS ORAL TABLET 250 MG	NPB		penicillamine
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PS	PA; QL; LA	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PS	PA; QL; LA	
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PS	PA; QL; LA	
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	FE		AVSOLA, ENBREL, INFLIXIMAB, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	FE		AVSOLA, ENBREL, INFLIXIMAB, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	FE		AVSOLA, ENBREL, INFLIXIMAB, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	FE		
leflunomide oral tablet 10 mg, 20 mg	PG	QL	
LEQSELVI ORAL TABLET 8 MG	NPS	PA; LA	betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG	QL	
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	PG	QL	
OLUMIANT ORAL TABLET 1 MG, 2 MG	FE		ENBREL, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
OLUMIANT ORAL TABLET 4 MG	FE		betamethasone valerate, clobetasol e, cyclosporine, dexamethasone, fluocinonide, methotrexate, prednisone
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	FE		ENBREL, OTEZLA, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA
OTEZLA ORAL TABLET 20 MG, 30 MG	PS	PA; QL; LA	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	PS	PA; QL; LA	
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	PS	PA; LA	
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	PS	PA; LA	
penicillamine oral capsule 250 mg	PG		
penicillamine oral tablet 250 mg	PG		
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	FE		methotrexate
RIDAURA ORAL CAPSULE 3 MG	PB		
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PS	PA; QL; LA	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PS	PA; QL; LA	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	NPB	ST; QL	milnacipran hcl
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	NPB	ST; QL	milnacipran hcl
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	PS	PA; QL; LA	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	NPS	PA; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, AVSOLA, INFLIXIMAB, SIMLANDI(CF) AUTOINJECTOR, SIMPONI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	PS	PA; QL; LA	
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; QL; LA	
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	FE		ENBREL, OTEZLA, SKYRIZI PEN, TALTZ AUTOINJECTOR, TREMFYA
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	FE		AVTOZMA, TYENNE
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PS	PA; QL; LA	
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PS	PA; LA	
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PS	PA; QL; LA	
XELJANZ ORAL SOLUTION 1 MG/ML	PS	PA; QL; LA	
XELJANZ ORAL TABLET 10 MG, 5 MG	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PS	PA; QL; LA	
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
OBSTETRICS & GYNECOLOGY			
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PB	ACA	
DUREX AVANTI BARE REAL FEEL	NPB	ACA	
DUREX TROPICAL CONDOM DEVICE	NPB	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FC2 FEMALE CONDOM	PB	ACA	
FEMCAP VAGINAL DEVICE 22 MM	PB	ACA	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	PS	ACA	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	NPS	ACA; LA	KYLEENA, MIRENA, SKYLA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	PS	ACA	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	NPS	ACA	PARAGARD T 380-A
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PS	ACA	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	PS	ACA	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	PB	ACA	
ESTROGENS & PROGESTINS			
abigale lo oral tablet 0.5-0.1 mg	PG		
abigale oral tablet 1-0.5 mg	PG		
ACTIVELLA ORAL TABLET 1-0.5 MG	NPB		estradiol-norethindrone acetat
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	NPB		abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	FE		abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol
camila oral tablet 0.35 mg	PG	ACA	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	FE		COMBIPATCH

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	NPB	QL	estradiol
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	PB		
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	PG		
covaryx h.s. oral tablet 0.625-1.25 mg	PG		
covaryx oral tablet 1.25-2.5 mg	PG		
CRINONE VAGINAL GEL 4 %	FE		medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone
CRINONE VAGINAL GEL 8 %	PS	F; LA	
deblitane oral tablet 0.35 mg	PG	ACA	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	NPB		estradiol valerate
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	PB		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NPB	QL; ACA	medroxyprogesterone acetate
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	NPB	QL; ACA	medroxyprogesterone acetate
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	NPB	QL; ACA	medroxyprogesterone acetate
DIVIGEL 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 %)	FE		estradiol
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	PG	QL	
DUAVEE ORAL TABLET 0.45-20 MG	PB		
eemt hs oral tablet 0.625-1.25 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
eemt oral tablet 1.25-2.5 mg	PG		
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	FE		estradiol, estradiol, estradiol
emzahh oral tablet 0.35 mg	PG	ACA	
ENDOMETRIN VAGINAL INSERT 100 MG	PS	F; LA	
errin oral tablet 0.35 mg	PG	ACA	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	FE		estradiol
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PG		
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	PG	QL	
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 %)	PG	QL	
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	PG	QL	
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	PG	QL	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	PG		
estradiol vaginal tablet 10 mcg	PG		
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	PG		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PG		
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	FE		estradiol, estradiol, yuvafem, PREMARIN
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	FE		estradiol

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	PG		
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	NPB	QL	estradiol, estradiol, estradiol
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	FE		estradiol, estradiol, estradiol, yuvafem, PREMARIN
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PG		
gallifrey oral tablet 5 mg	PG		
heather oral tablet 0.35 mg	PG	ACA	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	FE		estradiol, estradiol, yuvafem, PREMARIN
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	FE		estradiol, estradiol, yuvafem, PREMARIN
incassia oral tablet 0.35 mg	PG	ACA	
jencycla oral tablet 0.35 mg	PG	ACA	
jinteli oral tablet 1-5 mg-mcg	PG		
lyleq oral tablet 0.35 mg	PG	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	PG	QL	
lyza oral tablet 0.35 mg	PG	ACA	
medroxyprogesterone intramuscular suspension 150 mg/ml	PG	QL; ACA	
medroxyprogesterone intramuscular syringe 150 mg/ml	PG	QL; ACA	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	PG		
meleya oral tablet 0.35 mg	PG	ACA	
MENEST ORAL TABLET 1.25 MG, 2.5 MG	FE		conjugated estrogens, estradiol
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	NPB	QL	estradiol
mimvey oral tablet 1-0.5 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MINIVELLE 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	FE		estradiol
nora-be oral tablet 0.35 mg	PG	ACA	
norethindrone (contraceptive) oral tablet 0.35 mg	PG	ACA	
norethindrone acetate oral tablet 5 mg	PG		
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PG		
OPILL ORAL TABLET 0.075 MG	PB	ACA	
orquidea oral tablet 0.35 mg	PG	ACA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	FE		conjugated estrogens
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	PB		
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	FE		abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	FE		abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol
progesterone intramuscular oil 50 mg/ml	PS	LA	
progesterone micronized oral capsule 100 mg, 200 mg	PG		
progesterone micronized vaginal insert 100 mg	PS	F	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	NPB		progesterone
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	NPB		medroxyprogesterone acetate
sharobel oral tablet 0.35 mg	PG	ACA	
tulana oral tablet 0.35 mg	PG	ACA	
VAGIFEM VAGINAL TABLET 10 MCG	FE		estradiol, yuvafem

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIVELLE-DOT 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	FE		estradiol
yuvafem vaginal tablet 10 mcg	PG		
MISCELLANEOUS OB/GYN			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	NPB	QL; ACA	drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	NPB		
CLEOCIN VAGINAL CREAM 2 %	NPB		clindamycin phosphate
CLEOCIN VAGINAL SUPPOSITORY 100 MG	NPB		clindamycin phosphate, metronidazole, XACIATO
clindamycin phosphate vaginal cream 2 %	PG		
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	NPB		clindamycin phosphate, metronidazole, XACIATO
eluryng vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
enilloring vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
fem ph vaginal gel 0.9-0.025 %	PG		
GYNAZOLE-1 VAGINAL CREAM 2 %	NPB		terconazole
haloette vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
INTRAROSA VAGINAL INSERT 6.5 MG	FE		estradiol, estradiol, yuvafem, PREMARIN
LYNKUET ORAL CAPSULE 60 MG	NPB		conjugated estrogens, estradiol, estradiol, estradiol, paroxetine hcl
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
miconazole-3 vaginal suppository 200 mg	PG		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	PB		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PS	ACA	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	PG	ACA	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	FE		eluryng, enilloring, etonogestrel-ethinyl estradiol, haloette
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	NPB		metronidazole, clindamycin phosphate, XACIATO
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	PB		
OSPHENA ORAL TABLET 60 MG	NPB		estradiol, estradiol, yuvafem, PREMARIN
PHEXX VAGINAL GEL 1.8-1-0.4 %	FE		CAYA CONTOURED, FC2 FEMALE CONDOM, FEMCAP, TRUSTEX LATEX CONDOM, VCF
PREPIDIL VAGINAL GEL 0.5 MG/3 G	NPB		
RELAGARD VAGINAL GEL 0.9-0.025 %	NPB		fem ph
terconazole vaginal cream 0.4 %, 0.8 %	PG		
terconazole vaginal suppository 80 mg	PG		
tranexamic acid oral tablet 650 mg	PG		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	FE		blisovi fe, eluryng, etonogestrel-ethinyl estradiol, hailey fe, junel fe, larin fe, xulane
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	PG		
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	PB	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	PB	ACA	
VEOZAH ORAL TABLET 45 MG	NPB		conjugated estrogens, estradiol, estradiol, estradiol, paroxetine hcl
XACIATO VAGINAL GEL 2 %	PB		
xulane transdermal patch weekly 150-35 mcg/24 hr	PG	ACA	
zafemy transdermal patch weekly 150-35 mcg/24 hr	PG	ACA	
ORAL CONTRACEPTIVES & RELATED AGENTS			
afirmelle oral tablet 0.1-20 mg-mcg	PG	ACA	
after pill oral tablet 1.5 mg	PG	QL; ACA	
AFTERA ORAL TABLET 1.5 MG	NPB	QL; ACA	
altavera (28) oral tablet 0.15-0.03 mg	PG	ACA	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
amethyst (28) oral tablet 90-20 mcg (28)	PG	ACA	
apri oral tablet 0.15-0.03 mg	PG	ACA	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	PG	ACA	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
aubra eq oral tablet 0.1-20 mg-mcg	PG	ACA	
aubra oral tablet 0.1-20 mg-mcg	PG	ACA	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	PG	ACA	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	FE		apri, cyred eq, enskyce, isibloom, juleber, kalliga, reclipsen
aviane oral tablet 0.1-20 mg-mcg	PG	ACA	
ayuna oral tablet 0.15-0.03 mg	PG	ACA	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	FE		joyeaux, levonorg-eth estrad-fe bisglyc
balziva (28) oral tablet 0.4-35 mg-mcg	PG	ACA	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	NPB	ACA	drospirenone-eth estra-levomef
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
briellyn oral tablet 0.4-35 mg-mcg	PG	ACA	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	PG	ACA	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	PG	ACA	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
chateal eq (28) oral tablet 0.15-0.03 mg	PG	ACA	
cryselle (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
cyred eq oral tablet 0.15-0.03 mg	PG	ACA	
cyred oral tablet 0.15-0.03 mg	PG	ACA	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
dolishale oral tablet 90-20 mcg (28)	PG	ACA	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	PG	ACA	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PG	ACA	
econtra ez oral tablet 1.5 mg	PG	QL; ACA	
econtra one-step oral tablet 1.5 mg	PG	QL; ACA	
elinest oral tablet 0.3-30 mg-mcg	PG	ACA	
ELLA ORAL TABLET 30 MG	PB	QL; ACA	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
enskyce oral tablet 0.15-0.03 mg	PG	ACA	
estarylla oral tablet 0.25-0.035 mg	PG	ACA	
falmina (28) oral tablet 0.1-20 mg-mcg	PG	ACA	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	FE		charlotte 24 fe, finzala, kaitlib fe, layolis fe, mibelas 24 fe, norethindron-ethinyl estradiol, wymzya fe
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	PG	ACA	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	

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

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
larin 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
lessina oral tablet 0.1-20 mg-mcg	PG	ACA	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PG	ACA	
levonorgestrel oral tablet 1.5 mg	PG	QL; ACA	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	PG	ACA	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	FE		blisovi fe, blisovi 24 fe, hailey fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	FE		aurovela, hailey, junel, larin, microgestin, norethindron-ethinyl estradiol
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	FE		aurovela, junel, larin, microgestin, norethindron-ethinyl estradiol
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	FE		aurovela fe, blisovi fe, hailey fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	FE		aurovela fe, blisovi fe, junel fe, larin fe, norethindrone-e.estradiol-iron, tarina fe

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	PG	ACA	
loryna (28) oral tablet 3-0.02 mg	PG	ACA	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
lo-zumandimine (28) oral tablet 3-0.02 mg	PG	ACA	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PG	ACA	
lutera (28) oral tablet 0.1-20 mg-mcg	PG	ACA	
marlissa (28) oral tablet 0.15-0.03 mg	PG	ACA	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	PG	ACA	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
mili oral tablet 0.25-0.035 mg	PG	ACA	
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PG	ACA	
mono-linyah oral tablet 0.25-0.035 mg	PG	ACA	
my choice oral tablet 1.5 mg	PG	QL; ACA	
my way oral tablet 1.5 mg	PG	QL; ACA	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	FE		blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, sprintec, tri-sprintec
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
new day oral tablet 1.5 mg	PG	QL; ACA	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	FE		aurovela fe, blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, tri-sprintec, sprintec

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
nikki (28) oral tablet 3-0.02 mg	PG	ACA	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	PG	ACA	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	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	PG	ACA	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	PG	ACA	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
ocella oral tablet 3-0.03 mg	PG	ACA	
opcicon one-step oral tablet 1.5 mg	PG	QL; ACA	
option-2 oral tablet 1.5 mg	PG	QL; ACA	
philith oral tablet 0.4-35 mg-mcg	PG	ACA	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	PB	QL; ACA	
portia 28 oral tablet 0.15-0.03 mg	PG	ACA	
reclipsen (28) oral tablet 0.15-0.03 mg	PG	ACA	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	PG	ACA	
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	FE		drospirenone-eth estra-levomef
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
shewise oral tablet 1.5 mg	PG	QL; ACA	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
SLYND ORAL TABLET 4 MG (28)	FE		camila, deblitane, errin, heather, lyza, norethindrone acetate, sharobel
sprintec (28) oral tablet 0.25-0.035 mg	PG	ACA	
syeda oral tablet 3-0.03 mg	PG	ACA	
TAKE ACTION ORAL TABLET 1.5 MG	NPB	QL; ACA	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	FE		gemmily, merzee, norethindrone-e.estradiol-iron, taysofy
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
turqoz (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	FE		altavera, aviane, falmina, lessina, levonorgestrel-eth estradiol, portia, vienva
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	PG	ACA	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PG	ACA	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	PG	ACA	
vestura (28) oral tablet 3-0.02 mg	PG	ACA	
vienva oral tablet 0.1-20 mg-mcg	PG	ACA	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
vyfemla (28) oral tablet 0.4-35 mg-mcg	PG	ACA	
vylibra oral tablet 0.25-0.035 mg	PG	ACA	
wera (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	PG	ACA	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
YASMIN (28) ORAL TABLET 3-0.03 MG	FE		drospirenone-ethinyl estradiol, ocella, syeda, zarah, zumandimine
YAZ (28) ORAL TABLET 3-0.02 MG	NPB	ACA	drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura
zarah oral tablet 3-0.03 mg	PG	ACA	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
zumandimine (28) oral tablet 3-0.03 mg	PG	ACA	
OXYTOCICS			
methylergonovine oral tablet 0.2 mg	PG	QL	
OPHTHALMOLOGY			
ANTIBIOTICS			
AZASITE OPHTHALMIC (EYE) DROPS 1 %	PB		
bacitracin ophthalmic (eye) ointment 500 unit/gram	PG		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	PG		
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	FE		ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	FE		ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	NPB		
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	FE		ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	PG		
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	PG		
gatifloxacin ophthalmic (eye) drops 0.5 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
gentamicin ophthalmic (eye) drops 0.3 %	PG		
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	PG		
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	NPB	ST	
moxifloxacin ophthalmic (eye) drops 0.5 %	PG		
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	PG		
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	NPB	ST	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	NPB	ST	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	PB		
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	PG		
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	PG		
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	PG		
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	NPB		ofloxacin
ofloxacin ophthalmic (eye) drops 0.3 %	PG		
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	PG		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	PG		
povidone-iodine ophthalmic (eye) solution 5 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tobramycin ophthalmic (eye) drops 0.3 %	PG		
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1-2.5 %, 1.5-5 %	NPB		
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	NPB		tobramycin sulfate
VANCOMYCIN IN WATER OPHTHALMIC (EYE) DROPS 2.5 %	NPB		
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	NPB		moxifloxacin hcl
ANTIVIRALS			
trifluridine ophthalmic (eye) drops 1 %	PG		
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	NPB		trifluridine
BETA-BLOCKERS			
betaxolol ophthalmic (eye) drops 0.5 %	PG		
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	FE		timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	NPB		betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate
carteolol ophthalmic (eye) drops 1 %	PG		
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	FE		timolol maleate
levobunolol ophthalmic (eye) drops 0.5 %	PG		
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	PG	ST	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	PG		
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	PG	ST	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	PG	ST	
timolol ophthalmic (eye) drops 0.5 %	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	FE		timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	FE		timolol maleate
CHOLINESTERASE INHIBITOR MIOTICS			
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	PS		
CYCLOPLEGIC MYDRIATICS			
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %	PG		
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	NPB		
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	FE		atropine sulfate
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	NPB		cyclopentolate hcl
cyclopentolate ophthalmic (eye) drops 1 %	PG		
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	PG		
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %-0.5 %	NPB		
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %-0.4 %	NPB		
homatropaire ophthalmic (eye) drops 5 %	PG		
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	NPB		
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	NPB		tropicamide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	PG		
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	PG		
DIRECT ACTING MIOTICS			
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	NPB		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	PG		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	FE		
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	FE		
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	FE		
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	FE		
MISCELLANEOUS OPHTHALMOLOGICS			
acuicyn topical spray,non-aerosol 0.01 %	FE		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	NPB		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	NPB		proparacaine hcl
altacaine ophthalmic (eye) drops 0.5 %	PG		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	NPB		
AVENOVA TOPICAL SPRAY,NON-AEROSOL 0.01 %	FE		
azelastine ophthalmic (eye) drops 0.05 %	PG		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	NPS	LA	PAVBLU
bepotastine besilate ophthalmic (eye) drops 1.5 %	PG	ST	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	FE		bepotastine besilate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BEVACIZUMAB INTRAVITREAL SYRINGE 2.25 MG/0.09 ML, 2.75 MG/0.11 ML	NPB		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	PS		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	NPB	ST; QL	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	PS	LA	
cromolyn ophthalmic (eye) drops 4 %	PG		
cyclosporine ophthalmic (eye) dropperette 0.05 %	PG	ST; QL	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	FE		CYSTARAN
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	PS	PA	
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	NPB		
ENCELTO INTRAVITREAL IMPLANT 200,000 TO 440,000 CELL	NPS	PA	
epinastine ophthalmic (eye) drops 0.05 %	PG		
EPIOXA OPHTHALMIC (EYE) KIT 0.239-0.177 %	NPS		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	FE		PAVBLU
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	FE		PAVBLU
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	FE		PAVBLU
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	NPB		
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	NPB		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	NPB		
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	FE		BYOOVIZ, CIMERLI
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	PS	PA; LA	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	PB	ST; QL	
MOXIFLOXACIN-BROMFENAC OPHTHALMIC (EYE) DROPS 0.5-0.075 %	NPB		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	NPB		
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	NPB		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	PS	PA; LA	
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	PS	LA	
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	PS	LA	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	PG		
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	NPB		
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	NPB		
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	PG		
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	NPB		
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS 1-0.5-0.5 %	NPB		
proparacaine ophthalmic (eye) drops 0.5 %	PG		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	PB	ST; QL	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	NPB	ST; QL	cyclosporine
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	FE		
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	FE		
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	NPB		
tetracaine hcl ophthalmic (eye) drops 0.5 %	PG		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	NPB		cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	NPB	ST	cyclosporine, RESTASIS MULTIDOSE, XIIDRA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	FE		PAVBLU
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	FE		PAVBLU
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	FE		azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	NPB	ST; QL	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	PS	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	PB	ST; QL	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	NPB	ST	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	NPB		ketorolac tromethamine
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	NPB		ketorolac tromethamine
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	FE		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	PG		
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	FE		bromfenac sodium
diclofenac sodium ophthalmic (eye) drops 0.1 %	PG		
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	PG		
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	NPB		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	PG		
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	FE		bromfenac sodium
ORAL DRUGS FOR GLAUCOMA			
acetazolamide oral capsule, extended release 500 mg	PG		
acetazolamide oral tablet 125 mg, 250 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
methazolamide oral tablet 25 mg, 50 mg	PG		
OTHER GLAUCOMA DRUGS			
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	FE		brinzolamide
BIMATOPROST (PF) OPHTHALMIC (EYE) DROPS 0.01 %	NPB		
bimatoprost ophthalmic (eye) drops 0.01 %	PG	ST	
bimatoprost ophthalmic (eye) drops 0.03 %	PG		
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	NPB		
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	NPB		
BRIMONIDINE-DORZOL-BIMATOPROST OPHTHALMIC (EYE) DROPS 0.1-2-0.01 %	NPB		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	PG		
brinzolamide ophthalmic (eye) drops,suspension 1 %	PG		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	NPB	ST	brimonidine tartrate-timolol
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	FE		dorzolamide-timolol
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	FE		dorzolamide-timolol
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	NPB		
dorzolamide ophthalmic (eye) drops 2 %	PG		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	PG		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	PG		
DURYSTA INTRACAMERAL IMPLANT 10 MCG	FE		bimatoprost, latanoprost

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	FE		bimatoprost, latanoprost
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	FE		latanoprost
latanoprost ophthalmic (eye) drops 0.005 %	PG		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	FE		bimatoprost
miostat intraocular solution 0.01 %	PG		
OMLONTI OPHTHALMIC (EYE) DROPS 0.002 %	FE		bimatoprost, latanoprost
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	NPB	ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	NPB	ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	NPB		brimonidine tartrate, brinzolamide, dorzolamide-timolol
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	NPG	ST	bimatoprost, latanoprost
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 %	NPB		
TIMOLOL-BIMATOPROST OPHTHALMIC (EYE) DROPS 0.5-0.01 %	NPB		
TIMOLOL-BRIMON-DORZOL-BIMATOP OPHTHALMIC (EYE) DROPS 0.5-0.1-2-0.01 %	NPB		
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	NPB		
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS 0.5-0.1-2 %	NPB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	NPB		
TIMOLOL-DORZOLAMIDE-BIMATOPROS OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	NPB		
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	FE		bimatoprost, latanoprost
travoprost ophthalmic (eye) drops 0.004 %	NPG	ST	bimatoprost, latanoprost
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	FE		bimatoprost, latanoprost
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	FE		latanoprost
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 %	FE		
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	FE		bimatoprost, latanoprost
ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE,GEL 0.01 %	FE		
STEROID-ANTIBIOTIC COMBINATIONS			
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	NPB		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	NPB		neomycin-polymyxin-dexameth
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	PG		
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	PG		
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	PG		
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	PG		
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	NPB		
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	NPB		
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	NPB		tobramycin-dexamethasone
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	FE		tobramycin-dexamethasone
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	PG		
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	PG		
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	FE		tobramycin-loteprednol
STEROIDS			
ALREX 0.2% EYE DROPS	FE		loteprednol etabonate
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	FE		azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
BYQLOVI OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	FE		
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	PG		
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	NPB		
difluprednate ophthalmic (eye) drops 0.05 %	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	FE		difluprednate
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	PB	QL	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	PG		
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	NPB	ST	fluorometholone
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	NPS	LA	OZURDEX
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	NPB	ST	loteprednol etabonate
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	NPB	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	NPB	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	PG	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	PG	ST	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	PS	LA	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB		prednisolone acetate
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB		
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	PG		
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	PG		
RETISERT INTRAVITREAL IMPLANT 0.59 MG	NPS	LA	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	NPS	LA	OZURDEX
STEROID-SULFONAMIDE COMBINATIONS			
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	PG		
SULFONAMIDES			
sulfacetamide sodium ophthalmic (eye) drops 10 %	PG		
sulfacetamide sodium ophthalmic (eye) ointment 10 %	PG		
SYMPATHOMIMETICS			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	NPB	ST	brimonidine tartrate
apraclonidine ophthalmic (eye) drops 0.5 %	PG		
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	PG		
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	NPB	ST	brimonidine tartrate
VASOCONSTRICTOR DECONGESTANTS			
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	NPB		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	PG		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	FE		
RESPIRATORY, ALLERGY, COUGH & COLD			
ANTIHISTAMINE & ANTIALLERGENIC AGENTS			
ADYPHREN AMP II INJECTION KIT 1 MG/ML	FE		
ADYPHREN AMP INJECTION KIT 1 MG/ML	FE		
ADYPHREN II INJECTION KIT 1 MG/ML	FE		
ADYPHREN INJECTION KIT 1 MG/ML	FE		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	PB	QL	
carbinoxamine maleate oral liquid 4 mg/5 ml	PG		
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
carbinoxamine maleate oral tablet 4 mg, 6 mg	PG		
carbzah oral liquid 4 mg/5 ml	PG		
CLARINEX ORAL TABLET 5 MG	NPB	QL	desloratadine
clemastine oral syrup 0.5 mg/5 ml	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride, diphenhydramine, chlorpheniramine
clemastine oral tablet 2.68 mg	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
clemsza oral tablet 2.68 mg	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
corphena oral solution 2 mg/5 ml	FE		
cyproheptadine oral syrup 2 mg/5 ml	PG		
cyproheptadine oral tablet 4 mg	PG		
DESLORATADINE ORAL SOLUTION 0.5 MG/ML	FE		desloratadine, cetirizine hcl, levocetirizine dihydrochloride
desloratadine oral tablet 5 mg	PG	QL	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	PG	QL	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	FE		chlorpheniramine AND loratadine, fexofenadine or cetirizine tablets and liquids including OTC
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	FE		epinephrine (by Amneal), AUVI-Q, AUVI-Q
epinephrine injection auto-injector 0.15 mg/0.3 ml	PG	QL	epinephrine (by TEVA, Mylan)
epinephrine injection auto-injector 0.3 mg/0.3 ml	PG	QL	epinephrine (by TEVA, Amneal, Avkare, Mylan)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	NPB	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	FE		
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	FE		
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	FE		
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	FE		
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	NPB	QL	epinephrine
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	NPB	QL	epinephrine
hydroxyzine hcl oral solution 10 mg/5 ml	PG		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG		
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	PG		
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	PB	QL	
promethazine oral syrup 6.25 mg/5 ml	PG		
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	PG		
promethazine rectal suppository 12.5 mg, 25 mg	PG		
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PG		
RYCLORA ORAL SOLUTION 2 MG/5 ML	NPB		dexchlorpheniramine maleate
RYVENT ORAL TABLET 6 MG	NPB		carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
COUGH & COLD THERAPY			

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
benzonatate oral capsule 100 mg, 200 mg	PG		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	NPB		bromipheniramin-pseudoephed-dm
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	PG		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NPB	QL	desloratadine, fexofenadine-pse er
codeine-guaifenesin oral liquid 10-100 mg/5 ml	PG	QL	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	NPB	QL	g tussin ac, guaifenesin ac, guaifenesin with codeine, GUIATUSSIN AC, m-clear wc, virtussin ac
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	NPB	QL	guaifenesin dac
DURATUSS AC ORAL LIQUID 1-10 MG/5 ML	NPB	QL	
g tussin ac oral liquid 10-100 mg/5 ml	PG	QL	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	NPB	QL	promethazine vc w/codeine
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	NPB	QL	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	NPB	QL	hydrocodone-homatropine mbr
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	PG	QL	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	PG	QL	
hydrocodone-homatropine oral tablet 5-1.5 mg	PG	QL	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	NPB	QL	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	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	NPB	QL	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	NPB	QL	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	NPB	QL	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	PG	QL	
promethazine-dm oral solution 6.25-15 mg/5 ml	PG		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	PG		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	NPB		
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	NPB	QL	
PULMONARY AGENTS			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	PG		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PS	PA; QL; LA	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	FE		fluticasone-salmeterol, wixela inhub
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	PB	QL	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	PB		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	FE		albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	PG		
albuterol sulfate oral syrup 2 mg/5 ml	PG		
albuterol sulfate oral tablet 2 mg, 4 mg	PG		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	FE		beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	PS	PA; QL; LA	
alyq oral tablet 20 mg	PS	PA; QL	
ambrisentan oral tablet 10 mg, 5 mg	PS	PA; QL; LA	
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	PS	PA; LA	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	PB	QL	
arformoterol inhalation solution for nebulization 15 mcg/2 ml	PG	QL	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	FE		beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PB	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	PB	QL	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	NPB	QL	ipratropium bromide
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	FE		azelastine hcl, flunisolide, fluticasone propionate, mometasone furoate, XHANCE
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	PG		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	FE		CINRYZE, RUCONEST
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	FE		ANORO ELLIPTA, STIOLTO RESPIMAT
bosentan oral tablet 125 mg, 62.5 mg	PS	PA; QL; LA	
bosentan oral tablet for suspension 32 mg	PS	PA; QL; LA	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	PB	QL	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	PG	QL	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	PB	QL	
BRINSUPRI ORAL TABLET 10 MG, 25 MG	PS	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NPS	LA	nebusal, pulmosal, sodium chloride
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	NPB	QL	arformoterol tartrate
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	PG	QL	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	PG	QL	
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	FE		DUPIXENT, FASENRA, NUCALA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	PS	PA; QL; LA	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	PB	QL	
cromolyn inhalation solution for nebulization 20 mg/2 ml	PG		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	FE		roflumilast
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	FE		ANDEMBRY AUTOINJECTOR, HAEGARDA, TAKHZYRO
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	FE		ANORO ELLIPTA, STIOLTO RESPIMAT
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	PB	QL	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	FE		azelastine hcl, flunisolide, fluticasone propionate, mometasone furoate, XHANCE

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EKTERLY ORAL TABLET 300 MG	FE		icatibant, sajazir
ESBRIET ORAL TABLET 267 MG, 801 MG	FE		pirfenidone
EXDENSUR SUBCUTANEOUS SYRINGE 100 MG/ML	FE		DUPIXENT, FASENRA, NUCALA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PS	PA; QL; LA	
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PS	PA; QL; LA	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	FE		icatibant
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	PG	ST; QL	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	FE		beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	FE		breyna, budesonide-formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	FE		beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	FE		beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	PG	QL	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	PG	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	FE		breyna, budesonide-formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	PG	ST; QL	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	FE		breyna, budesonide-formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	PG	QL	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	PS	PA; QL; LA	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	NPB		sodium chloride
icatibant subcutaneous syringe 30 mg/3 ml	PS	PA; QL	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	PB	QL	
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	PG	QL	
ipratropium bromide inhalation solution 0.02 %	PG		
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	PG	QL	
JASCAYD ORAL TABLET 18 MG, 9 MG	PS	PA; LA	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	NPS	PA; QL; LA	icatibant

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PS	PA; QL; LA	
KALYDECO ORAL TABLET 150 MG	PS	PA; QL; LA	
LETAIRIS ORAL TABLET 10 MG, 5 MG	FE		ambrisentan
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	PG		
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	FE		albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
mometasone nasal spray,non-aerosol 50 mcg/actuation	PG	ST; QL	
montelukast oral granules in packet 4 mg	PG		
montelukast oral tablet 10 mg	PG		
montelukast oral tablet,chewable 4 mg, 5 mg	PG		
nebusal inhalation solution for nebulization 3 %	PG		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	NPB		
nintedanib oral capsule 100 mg, 150 mg	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PS	PA; QL	
OFEV ORAL CAPSULE 100 MG, 150 MG	NPS	PA; QL; LA	nintedanib esylate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	FE		ANORO ELLIPTA, STIOLTO RESPIMAT, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT, ADVAIR HFA, BREO ELLIPTA, DULERA
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	FE		flunisolide, fluticasone propionate, mometasone furoate
OPSUMIT ORAL TABLET 10 MG	PS	PA; QL; LA	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	PS	PA; QL; LA	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PS	PA; QL; LA	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PS	PA; QL; LA	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	NPS	PA; QL	HAEGARDA, TAKHZYRO
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	NPS	PA; QL	HAEGARDA, TAKHZYRO
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	FE		formoterol fumarate
pirfenidone oral capsule 267 mg	PS	PA; QL; LA	
pirfenidone oral tablet 267 mg, 801 mg	PS	PA; QL; LA	
PIRFENIDONE ORAL TABLET 534 MG	FE		nintedanib esylate, pirfenidone, JASCAYD
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	FE		albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	FE		beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	FE		budesonide
pulmosal inhalation solution for nebulization 7 %	PG		
PULMOZYME INHALATION SOLUTION 1 MG/ML	PS	PA; LA	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	FE		flunisolide, fluticasone propionate, mometasone furoate
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	PB	QL	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	NPS	LA	sildenafil citrate
REVATIO ORAL TABLET 20 MG	NPS	PA; QL; LA	sildenafil citrate
roflumilast oral tablet 250 mcg	PG	PA; QL	
roflumilast oral tablet 500 mcg	PG	PA	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	PS	PA; QL; LA	
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	NPB	ST; QL	azelastine hcl, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl, XHANCE
sajazir subcutaneous syringe 30 mg/3 ml	PS	PA; QL; LA	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	FE		STRIVERDI RESPIMAT
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	PS	LA	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	PS	PA; QL; LA	
sildenafil (pulm.hypertension) oral tablet 20 mg	PS	PA; QL; LA	
SINGULAIR ORAL TABLET 10 MG	FE		montelukast sodium

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	FE		montelukast sodium
SINUVA SINUS IMPLANT 1,350 MCG	NPS		
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	PG		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	PB	QL	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	NPB	QL	tiotropium bromide
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	PB	QL	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	PB	QL	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	FE		breyna, budesonide-formoterol fumarate
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PS	PA; QL; LA	
tadalafil (pulm. hypertension) oral tablet 20 mg	PS	PA; QL; LA	
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	FE		sildenafil citrate, tadalafil
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	PS	PA; QL; LA	
terbutaline oral tablet 2.5 mg, 5 mg	PG		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	PS	PA; QL; LA	
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	PS	PA; QL; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	NPB		theophylline anhydrous
theophylline oral elixir 80 mg/15 ml	PG		
theophylline oral solution 80 mg/15 ml	PG		
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	PG		
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	PG		
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	FE		
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	PG		
TRACLEER ORAL TABLET 125 MG, 62.5 MG	NPS	PA; QL; LA	bosentan
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	NPS	PA; QL; LA	bosentan
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	PB	QL	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PS	PA; QL; LA	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PS	PA; QL; LA	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	FE		tiotropium bromide, INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG	PS	PA; LA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PS	PA; LA	
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PS	PA; LA	
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PS	PA; LA	
UMECLIDINIUM INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	FE		tiotropium bromide, INCRUSE ELLIPTA, SPIRIVA RESPIMAT
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	FE		ANORO ELLIPTA, STIOLTO RESPIMAT
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	FE		albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	PS	PA; LA	
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	PG	ST; QL	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	PB	ST; QL	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PS	PA; QL; LA	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PS	PA; QL; LA	
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PS	PA; QL; LA	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	FE		albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	PB	QL	
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	PS	PA; LA	
zafirlukast oral tablet 10 mg, 20 mg	PG		
zileuton oral tablet, er multiphase 12 hr 600 mg	FE		montelukast sodium, zafirlukast
UROLOGICALS			
ANTICHOLINERGICS & ANTISPASMODICS			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	PG		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	PG		
flavoxate oral tablet 100 mg	PG		
GEMTESA ORAL TABLET 75 MG	NPB		mirabegron er, MYRBETRIQ
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	PG		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	PB		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	PB		
oxybutynin chloride oral syrup 5 mg/5 ml	PG		
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	FE		oxybutynin chloride
oxybutynin chloride oral tablet 5 mg	PG		
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	PG		
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	NPB	ST; QL	fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
solifenacin oral tablet 10 mg, 5 mg	PG		
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	PG		
tolterodine oral tablet 1 mg, 2 mg	PG		
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	FE		fesoterodine fumarate er
trospium oral capsule,extended release 24hr 60 mg	PG		
trospium oral tablet 20 mg	PG		
VESICARE ORAL TABLET 10 MG, 5 MG	FE		solifenacin succinate
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY			
alfuzosin oral tablet extended release 24 hr 10 mg	PG		
AVODART ORAL CAPSULE 0.5 MG	FE		dutasteride
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG	FE	I	
dutasteride oral capsule 0.5 mg	PG	ST	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	PG	ST	
ENTADFI ORAL CAPSULE 5-5 MG	FE		finasteride, tadalafil
finasteride oral tablet 5 mg	PG		
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	NPB	ST	dutasteride-tamsulosin
PROSCAR ORAL TABLET 5 MG	NPB	ST	finasteride
silodosin oral capsule 4 mg, 8 mg	PG		
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	PA; QL; I	
tamsulosin oral capsule 0.4 mg	PG		
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	FE		alfuzosin hcl er
CHOLINERGIC STIMULANTS			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MISCELLANEOUS UROLOGICALS			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	PB	PA; QL; I	
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	PB	PA; QL; I	
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	PB	PA; QL; I	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	PS		
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	NPB	PA; QL; I	CAVERJECT, CAVERJECT
ELMIRON ORAL CAPSULE 100 MG	PB		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	NPB	I	
K-PHOS NO 2 ORAL TABLET 305-700 MG	NPB		phospha 250 neutral, K-PHOS ORIGINAL
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	PB		
mb caps oral capsule 120-10.8-40.8 mg	PG		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	PG		
ORACIT ORAL SOLUTION 490-640 MG/5 ML	NPB		oral citrate
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	NPS	PA	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	PG		
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	FE		CYSTAGON
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	FE		CYSTAGON

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	PB		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	FE		
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	FE		
sildenafil oral tablet 100 mg, 25 mg, 50 mg	PG	PA; QL; I	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	PG		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	NPB	I	
URELLE ORAL TABLET 81-10.8-40.8 MG	NPB		mb caps, uro-mp
uretron d-s oral tablet 81.6-10.8-40.8 mg	PG		
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	NPB		
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	FE		mb caps, uro-mp
urimar-t oral tablet 120-10.8-0.12 mg	PG		
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	FE		mb caps, uro-mp
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	NPB		potassium citrate er
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	NPB		potassium citrate er
urogesic-blue oral tablet 81.6-40.8-0.12 mg	PG		
uro-mp oral capsule 118-10-40.8-36 mg	PG		
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	NPB		methenamine mandelate
uro-sp oral capsule 118-10-40.8-36 mg	PG		
uryl oral tablet 81.6-40.8-0.12 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	PA; QL; I	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	FE	I	sildenafil citrate
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG	FE	I	avanafil, sildenafil citrate, tadalafil, vardenafil hcl
URINARY ANESTHETICS			
phenazopyridine oral tablet 100 mg, 200 mg	PG		
PYRIDIUM ORAL TABLET 100 MG, 200 MG	FE		phenazopyridine hcl
VITAMINS, HEMATINICS & ELECTROLYTES			
ELECTROLYTES			
AURYXIA ORAL TABLET 210 MG IRON	NPB		
calcium acetate(phosphat bind) oral capsule 667 mg	PG		
calcium acetate(phosphat bind) oral tablet 667 mg	PG		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	NPB		effer-k, klor-con-ef
effer-k oral tablet, effervescent 25 meq	PG		
ferric citrate oral tablet 210 mg iron	PG		
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	FE		
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	FE		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	NPS		
kionex oral suspension 15 gram/60 ml	PG		
klor-con 10 oral tablet extended release 10 meq	PG		
klor-con 8 oral tablet extended release 8 meq	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
klor-con m10 oral tablet,er particles/crystals 10 meq	PG		
klor-con m15 oral tablet,er particles/crystals 15 meq	PG		
klor-con m20 oral tablet,er particles/crystals 20 meq	PG		
klor-con oral packet 20 meq	PG		
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	PG		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	PB		
lugols oral solution 5 %	PG		
POKONZA ORAL LIQUID 10 MEQ/15 ML	FE		potassium chloride
POKONZA ORAL PACKET 10 MEQ, 15 MEQ	FE		potassium chloride
potassium chloride oral capsule, extended release 10 meq, 8 meq	PG		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	PG		
potassium chloride oral packet 20 meq	PG		
POTASSIUM CHLORIDE ORAL PACKET 40 MEQ	FE		potassium chloride
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	PG		
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	NPB		
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	PG		
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	NPB		
RENVELA ORAL TABLET 800 MG	NPB		
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	PG		
sevelamer carbonate oral tablet 800 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sevelamer hcl oral tablet 400 mg, 800 mg	PG		
sodium polystyrene sulfonate oral powder 15 gram	PG		
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	PG		
sps (with sorbitol) oral suspension 15-20 gram/60 ml	PG		
sps (with sorbitol) rectal enema 30-40 gram/120 ml	PG		
strong iodine oral solution 5 %	PG		
VELPHORO ORAL TABLET,CHEWABLE 500 MG	FE		
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	PB		
XPHOZAH ORAL TABLET 20 MG, 30 MG	FE		
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	PS	PA	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	NPS	PA; LA	
VITAMINS & HEMATINICS			
AZESCO ORAL TABLET 13 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
b complex 1 (with folic acid) oral tablet 0.4 mg	PG	ACA	
b complex-vitamin c-folic acid oral tablet 400 mcg	PG	ACA	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	NPB		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	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
b-complex with vitamin c oral tablet 400-500 mcg-mg	PG	ACA	
cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)	PG		
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	PG		
classic prenatal oral tablet 28 mg iron-800 mcg	PG	ACA	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	PG		
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
dialyvite 800 oral tablet 0.8 mg	PG	ACA	
embriva oral tablet 13 mg iron- 1 mg	FE		
flotrex oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PG	ACA	
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)	PG	ACA	
FOLATEXCEL ORAL TABLET 20 MG IRON- 1,670 MCG DFE	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
folic acid oral tablet 400 mcg, 800 mcg	PG	ACA	
folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg	PG	ACA	
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	PG	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
full spectrum b-vitamin c oral tablet 0.8 mg	PG	ACA	
gestyra oral tablet 13 mg iron- 1 mg	FE		
kobee oral tablet 0.4 mg	PG	ACA	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	NPB		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)	PG	ACA	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
MATERNACEL ORAL TABLET 20 MG IRON- 1,670 MCG DFE	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG	FE		
m-natal plus oral tablet 27 mg iron- 1 mg	PG		
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	PG	ACA	
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride	PG	ACA	
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
mynatal oral capsule 65 mg iron- 1 mg	PG		
mynatal plus oral tablet 65 mg iron- 1 mg	PG		
mynatal-z oral tablet 65 mg iron- 1 mg	PG		
NEOMATERNA ORAL TABLET 20 MG IRON- 1,670 MCG DFE	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
neo-vital rx oral tablet 27 mg iron- 1 mg	PG		
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
NESTABS ORAL TABLET 32-1,000 MG-MCG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
newgen oral tablet 32-1,000 mg-mcg	PG		
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	NPB		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	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
one natal rx oral tablet 27 mg iron- 1 mg	PG		
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
pnv-select oral tablet 27-1 mg	PG		
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	PG		
pr natal 400 oral combo pack 29-1-400 mg	PG		
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	PG		
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	PG		
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG	FE		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREGENNA ORAL TABLET 20 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
prenatabs fa oral tablet 29-1 mg	PG		
prenatabs rx oral tablet 29 mg iron- 1 mg	PG		
prenatal complete oral tablet 14 mg iron-400 mcg	PG	ACA	
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	PG	ACA	
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal one daily oral tablet 27 mg iron-800 mcg	PG	ACA	
prenatal oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	PG		
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
prenatal plus oral tablet 29 mg iron- 1 mg	PG		
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	NPB		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	PG	ACA	
prenatal vitamin oral tablet 27 mg iron-0.8 mg	PG	ACA	
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	PG	ACA	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG - 300 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
purevita folic acid oral tablet 400 mcg	PG	ACA	
rena-vite oral tablet 0.8 mg	PG	ACA	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		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	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	PG		
se-natal 19 oral tablet 29 mg iron- 1 mg	PG		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	PG	ACA	
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	PG	ACA	
super b-50 complex oral capsule 400 mcg-20 mg- 50 mg	PG	ACA	
super quints oral tablet 0.4 mg	PG	ACA	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
TRICARE ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
tricon oral capsule 110-0.5 mg	PG	ACA	
trinatal rx 1 oral tablet 60 mg iron-1 mg	PG		
trinate oral tablet 28 mg iron- 1 mg	PG		
TRINAZ ORAL TABLET 12-1 MG	FE		
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	NPB		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	PG	ACA	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL-OB ORAL TABLET 65-1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITALARA ORAL TABLET 20 MG IRON- 1,670 MCG DFE	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
vitamin d3 oral tablet 10 mcg (400 unit)	PG		
vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	PG		
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	PG		
westab plus oral tablet 27 mg iron- 1 mg	PG		
westgel dha oral capsule 31 mg iron- 1 mg-200 mg	PG		
ZALVIT ORAL TABLET 13 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus

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