

Alluma™ Access Formulary - October to December 2023

This document provides an alphabetical listing of medications covered on the Alluma™ Access Formulary. Inclusion on this list does not guarantee coverage. Individual plans may vary and medications that do not appear on this abbreviated list may be covered. Agents listed are primarily oral, self-injected, inhaled or topical pharmaceutical formulations. Medications requiring provider administration are generally covered under the medical benefit and may not appear on this list.

PLEASE NOTE: Certain specialty medications may only be available through your plan's preferred specialty pharmacy. Some medications may be subject to the Affordable Care Act (ACA) provisions or your plan's preventive benefit and covered by your plan at 100%. Individual plans may vary. For questions regarding plan-specific restrictions, coverage criteria, cost sharing information, or information about drugs that do not appear on this abbreviated list, please log into your member portal and use the "Price a Medication" feature or call the phone number printed on your member ID card.

Each medication may have specific coverage requirements not reflected in this document. The key below explains common coverage indicators present on this file. Medications shown in *lower-case* are generically available and typically covered at the lowest member cost share.

T1: Tier 1 Medication: typically generics or medications available at lowest member cost share.

T2: Tier 2 Medication: typically preferred or formulary brand medications.

T3: Tier 3 Medication: typically non-preferred or non-formulary medications.

EXC: Excluded Medication

BP: Brand Penalty: Member may be responsible for the cost difference between brand and generic.

LA: Limited Availability: This medication may only be available through Mayo Clinic Specialty Pharmacy. For more information, please call Mayo Clinic Specialty Pharmacy at 800-337-3736.

MM: Maintenance medications: Medications commonly used to treat long-term or chronic conditions such as diabetes, cholesterol, blood pressure, etc. Some plans may limit coverage of these medications to the plan's preferred pharmacy.

PA: Prior Authorization: Medication requires prior authorization to confirm medical necessity prior to coverage.

QL: Quantity Limit: For certain medications, the formulary limits the amount of the medication that will be covered.

SP: Specialty Medication: This medication may only be available at the plan's preferred specialty pharmacy.

ST: Step Therapy: In some cases, the formulary requires that you first try one or more medications before another medication will be covered. This is generally reviewed as part of the prior authorization process.

Drug Name	Drug Tier	Requirements/ Limits
2TEK GLUCOSE/BLOOD PRESSURE KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>abacavir oral solution</i>	T1	MM
<i>abacavir oral tablet</i>	T1	MM
<i>abacavir-lamivudine oral tablet</i>	T1	MM
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	T3	MM; Preferred Alternatives (aripiprazole)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	T3	Preferred Alternatives (aripiprazole)
ABILIFY ORAL TABLET	T3	BP; MM; Preferred Alternatives (aripiprazole)
<i>abiraterone oral tablet</i>	T1	ST; SP; MM; QL; LA
ABRYSVO INTRAMUSCULAR RECON SOLN	T2	

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA LD ORAL CAPSULE	T3	ST; Preferred Alternatives (accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane)
ABSORICA ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane)
<i>acamprosate oral tablet, delayed release (drlec)</i>	T1	MM
ACANYA TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (clindamycin-benzoyl peroxide)
<i>acarbose oral tablet</i>	T1	MM
ACCOLATE ORAL TABLET	T3	BP; MM; Preferred Alternatives (zafirlukast)
ACCRUFER ORAL CAPSULE	T3	Preferred Alternatives (ferrous fumarate, ferrous gluconate)

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Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACCU-CHEK GUIDE GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE ME GLUCOSE MTR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ACCU-CHEK GUIDE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACCUPRIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (quinapril)
ACCURETIC ORAL TABLET	T3	BP; MM; Preferred Alternatives (quinapril- hydrochlorothiaz ide)
<i>accutane oral capsule</i>	T1	
ACCUTREND GLUCOSE CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ACCUTREND GLUCOSE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACE AEROSOL CLOUD ENHANCER SPACER	T2	
<i>acebutolol oral capsule</i>	T1	MM
<i>acetaminophen- caff-dihydrocod oral capsule</i>	T1	PA; QL
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	T1	PA; QL
<i>acetaminophen- codeine oral tablet</i>	T1	PA; QL
<i>acetazolamide oral capsule, extended release</i>	T1	MM
<i>acetazolamide oral tablet</i>	T1	MM
<i>acetic acid irrigation solution</i>	T1	
<i>acetic acid otic (ear) solution</i>	T1	
<i>acetylcysteine solution</i>	T1	
ACIPHEX ORAL TABLET, DELAYE D RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (rabeprazole sodium)

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Drug Name	Drug Tier	Requirements/ Limits
<i>acitretin oral capsule</i>	T1	MM
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
ACTEMRA SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	T2	
ACTICLATE ORAL TABLET	T3	BP; Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
ACTIMMUNE SUBCUTANEOUS SOLUTION	T2	PA; SP; MM
ACTIVELLA ORAL TABLET	T3	BP; MM; Preferred Alternatives (estradiol- norethindrone acetat)
ACTONEL ORAL TABLET 150 MG, 35 MG	T3	BP; MM; QL; Preferred Alternatives (risedronate sodium)
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	BP; MM; QL; Preferred Alternatives (pioglitazone- metformin)
ACTOS ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (pioglitazone hcl)
ACULAR LS OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ketorolac tromethamine)

Drug Name	Drug Tier	Requirements/ Limits
ACULAR OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ketorolac tromethamine)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>acyclovir oral capsule</i>	T1	MM
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	MM
<i>acyclovir oral tablet</i>	T1	MM
<i>acyclovir topical cream</i>	T1	QL
<i>acyclovir topical ointment</i>	T1	QL
ACZONE TOPICAL GEL	T3	BP; Preferred Alternatives (dapsone)
ACZONE TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (dapsone)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	T2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	T2	
ADALIMUMAB- ADAZ SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; LA
ADALIMUMAB- ADAZ SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, AMJEVITA AUTOINJECTOR, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF), AMJEVITA, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF))
<i>adapalene topical cream</i>	T1	
<i>adapalene topical gel 0.3 %</i>	T1	
<i>adapalene topical gel with pump</i>	T1	
ADAPALENE TOPICAL LOTION	T3	Preferred Alternatives (adapalene, adapalene)
<i>adapalene topical solution</i>	T1	
<i>adapalene topical swab</i>	T1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	T1	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	
ADBRY SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA ORAL TABLET	T3	ST; SP; BP; MM; QL; Preferred Alternatives (tadalafil)
ADDERALL ORAL TABLET	T3	BP; MM; Preferred Alternatives (dextroamphetamine-amphetamine)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (dextroamphetamine-amphetamine)
ADDYI ORAL TABLET	T3	
<i>adefovir oral tablet</i>	T1	
ADEMPAS ORAL TABLET	T2	PA; SP; MM; QL
ADIPEX-P ORAL TABLET	T3	BP; QL; Preferred Alternatives (phentermine hcl)
ADLARITY TRANSDERMAL PATCH WEEKLY	T3	MM; Preferred Alternatives (donepezil hcl)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
ADRENALIN NASAL SOLUTION	T3	

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Drug Name	Drug Tier	Requirements/ Limits
ADTHYZA ORAL TABLET	T3	MM; Preferred Alternatives (levothyroxine sodium, np thyroid, ARMOUR THYROID)
<i>adult aspirin regimen oral tablet, delayed release (drlec)</i>	T1	MM
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	T3	MM; QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	T2	MM; QL
ADVANCED GLUC METER TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ADVANCED GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ADVATE INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
ADVOCATE REDI-CODE PLUS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE REDI-CODE PLUS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ADYNOVATE INTRAVENOUS SOLUTION	T2	ST; SP; MM; LA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	T3	MM; Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphetamine, DYANAVEL XR, MYDAYIS, VYVANSE)
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	QL; Preferred Alternatives (azithromycin, ciprofloxacin hcl, levofloxacin, ofloxacin, XIFAXAN)
AEROCHAMBER MINI SPACER	T2	
AEROCHAMBER PLUS FLOW-VU SPACER	T2	
AEROCHAMBER PLUS Z STAT SPACER	T2	
AEROTRACH PLUS SPACER	T2	
AEROVENT PLUS SPACER	T2	

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (everolimus)
AFINITOR ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (everolimus)
<i>afirmelle oral tablet</i>	T1	MM
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE	T2	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION	T2	
AFREZZA INHALATION CARTRIDGE WITH INHALER	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO)
AFSTYLA INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
<i>after pill oral tablet</i>	T1	QL
AFTERA ORAL TABLET	T3	BP; QL

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Drug Name	Drug Tier	Requirements/ Limits
AGAMATRIX AMP GLUC MONITOR SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
AGAMATRIX AMP TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
AGAMATRIX CONTROL HIGH SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
AGRYLIN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (anagrelide hydrochloride)

Drug Name	Drug Tier	Requirements/ Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; MM; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	MM; QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
AJOVY AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; MM; QL
AJOVY SYRINGE SUBCUTANEOU S SYRINGE	T2	PA; MM; QL
AKLIEF TOPICAL CREAM	T3	PA; Preferred Alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere)
AKTEN (PF) OPHTHALMIC (EYE) GEL	T3	

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Drug Name	Drug Tier	Requirements/ Limits
AKYNZEO (NETUPITANT) ORAL CAPSULE	T3	Preferred Alternatives (granisetron hcl, ondansetron hcl, aprepitant, VARUBI)
ALA-SCALP TOPICAL LOTION	T3	BP; Preferred Alternatives (hydrocortisone)
<i>albendazole oral tablet</i>	T1	QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	T1	MM; QL
<i>albuterol sulfate inhalation solution for nebulization</i>	T1	MM
<i>albuterol sulfate oral syrup</i>	T1	MM
<i>albuterol sulfate oral tablet</i>	T1	MM
<i>albuterol sulfate oral tablet extended release 12 hr</i>	T1	MM
ALCAINE OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (proparacaine hcl)
<i>alclometasone topical cream</i>	T1	
<i>alclometasone topical ointment</i>	T1	
ALDACTONE ORAL TABLET	T3	BP; MM; Preferred Alternatives (spironolactone)
ALECENSA ORAL CAPSULE	T2	PA; SP; MM; QL; LA
<i>alendronate oral solution</i>	T1	MM; QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
<i>alfuzosin oral tablet extended release 24 hr</i>	T1	MM
ALINIA ORAL SUSPENSION FOR RECONSTITUTIO N	T2	QL
ALINIA ORAL TABLET	T3	BP; QL; Preferred Alternatives (nitazoxanide)
<i>aliskiren oral tablet</i>	T1	MM
ALKERAN ORAL TABLET	T3	BP; Preferred Alternatives (melphalan hcl)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	T3	ST; MM; Preferred Alternatives (hydrocortisone)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	MM
ALLOPURINOL ORAL TABLET 200 MG	T3	MM; Preferred Alternatives (allopurinol)
<i>almotriptan malate oral tablet</i>	T1	QL
ALOCRIAL OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ALOGLIPTIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (JANUVIA, TRADJENTA)

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Drug Name	Drug Tier	Requirements/ Limits
ALOGLIPTIN-METFORMIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	T3	MM; QL; Preferred Alternatives (PIOGLITAZONE HCL, JANUVIA, TRADJENTA)
ALOMIDE OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
<i>alosetron oral tablet</i>	T1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T3	MM; Preferred Alternatives (brimonidine tartrate)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	T3	BP; MM; Preferred Alternatives (brimonidine tartrate)
<i>alprazolam intensol oral concentrate</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet extended release 24 hr</i>	T1	
<i>alprazolam oral tablet, disintegrating</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX INTRAVENOUS RECON SOLN	T2	PA; SP; MM; LA
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ALTABAX TOPICAL OINTMENT	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
<i>altacaine ophthalmic (eye) drops</i>	T1	
ALTACE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (ramipril)
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	T3	BP
<i>altavera (28) oral tablet</i>	T1	MM
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
ALTRENO TOPICAL LOTION	T3	Preferred Alternatives (tretinoin)
ALTUVIIIO INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG ORAL TABLET	T2	PA; SP; MM; QL; LA
ALUNBRIG ORAL TABLETS,DOSE PACK	T2	PA; SP; QL; LA
ALVESCO INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
<i>alvimopan oral capsule</i>	T1	
<i>alyacen 1/35 (28) oral tablet</i>	T1	MM
<i>alyacen 7/7/7 (28) oral tablet</i>	T1	MM
<i>alyq oral tablet</i>	T1	ST; SP; MM; QL
<i>amabelz oral tablet</i>	T1	MM
<i>amantadine hcl oral capsule</i>	T1	MM
<i>amantadine hcl oral solution</i>	T1	MM
<i>amantadine hcl oral tablet</i>	T1	MM
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	T3	BP; QL; Preferred Alternatives (zolpidem tartrate er)
AMBIEN ORAL TABLET	T3	BP; QL; Preferred Alternatives (zolpidem tartrate)
<i>ambrisentan oral tablet</i>	T1	ST; SP; MM; QL
AMELUZ TOPICAL GEL	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>amethia oral tablets,dose pack,3 month</i>	T1	MM
<i>amethyst (28) oral tablet</i>	T1	MM
AMICAR ORAL SOLUTION	T3	BP; Preferred Alternatives (aminocaproic acid)
AMICAR ORAL TABLET	T3	BP; Preferred Alternatives (aminocaproic acid)
<i>amiloride oral tablet</i>	T1	MM
<i>amiloride-hydrochlorothiazide oral tablet</i>	T1	MM
<i>aminocaproic acid oral solution</i>	T1	
<i>aminocaproic acid oral tablet</i>	T1	
<i>amiodarone oral tablet</i>	T1	MM
AMITIZA ORAL CAPSULE	T3	BP; MM; QL; Preferred Alternatives (lubiprostone)
<i>amitriptyline oral tablet</i>	T1	MM
<i>amitriptyline-chlordiazepoxide oral tablet</i>	T1	MM
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	T2	ST; SP; MM; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	T2	ST; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine oral tablet</i>	T1	MM
<i>amlodipine-atorvastatin oral tablet</i>	T1	MM; QL
<i>amlodipine-benazepril oral capsule</i>	T1	MM
<i>amlodipine-olmesartan oral tablet</i>	T1	MM
<i>amlodipine-valsartan oral tablet</i>	T1	MM
<i>amlodipine-valsartan-hcthiiazid oral tablet</i>	T1	MM
<i>amnestem oral capsule</i>	T1	
<i>amoxapine oral tablet</i>	T1	MM
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	T1	QL
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	T1	
<i>amphetamine sulfate oral tablet</i>	T1	MM
<i>ampicillin oral capsule 500 mg</i>	T1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (dalfampridine er)
AMZEEQ TOPICAL FOAM	T3	Preferred Alternatives (clindacin etz, clindamycin phosphate, ery, erythromycin, clindamycin phos-tretinoin, clindamycin-benzoyl peroxide, erythromycin-benzoyl peroxide)
ANAFRANIL ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (clomipramine hcl)
<i>anagrelide oral capsule</i>	T1	MM
ANA-LEX KIT RECTAL KIT	T3	
ANALPRAM-HC RECTAL CREAM 1-1 %	T3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)

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Drug Name	Drug Tier	Requirements/ Limits
ANALPRAM-HC RECTAL CREAM 2.5-1 %	T3	BP; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
ANALPRAM-HC SINGLES RECTAL CREAM	T3	BP; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
ANALPRAM-HC TOPICAL LOTION	T3	BP; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
ANAPROX DS ORAL TABLET	T3	BP; MM; Preferred Alternatives (naproxen sodium)
<i>anaspaz oral tablet, disintegrating</i>	T1	MM
<i>anastrozole oral tablet</i>	T1	MM
ANCOBON ORAL CAPSULE	T3	BP; Preferred Alternatives (flucytosine)
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T2	MM; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	BP; MM; QL; Preferred Alternatives (testosterone)
ANDROGEL TRANSDERMAL GEL IN PACKET	T3	BP; MM; QL; Preferred Alternatives (testosterone)

Drug Name	Drug Tier	Requirements/ Limits
ANGELIQ ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL-NORETHINDR ONE ACETAT, JINTELI, MIMVEY, PREMPHASE, PREMPRO)
ANNOVERA VAGINAL RING	T3	MM; QL; Preferred Alternatives (drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	T3	MM; Preferred Alternatives (fenofibrate, fenofibric acid)
ANTIVERT ORAL TABLET 50 MG	T3	ST; Preferred Alternatives (meclizine hcl)
<i>anucort-hc rectal suppository</i>	T1	
ANUSOL-HC RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (hydrocortisone acetate)
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	T3	BP; Preferred Alternatives (procto-med hc, proctosol-hc, proctozone-hc)
ANZEMET ORAL TABLET 50 MG	T3	Preferred Alternatives (granisetron hcl, ondansetron hcl)

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Drug Name	Drug Tier	Requirements/ Limits
<i>apexicon e topical cream</i>	T1	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (bupropion xl)
APOKYN SUBCUTANEOUS CARTRIDGE	T3	PA; SP; MM; Preferred Alternatives (apomorphine hcl)
<i>apomorphine subcutaneous cartridge</i>	T1	PA; SP; MM
<i>apraclonidine ophthalmic (eye) drops</i>	T1	
<i>aprepitant oral capsule</i>	T1	
<i>aprepitant oral capsule, dose pack</i>	T1	
<i>apri oral tablet</i>	T1	MM
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (mesalamine er)
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60	T3	BP; MM; Preferred Alternatives (methylphenidate er)

Drug Name	Drug Tier	Requirements/ Limits
APTIOM ORAL TABLET	T3	MM; Preferred Alternatives (carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA)
APTIVUS ORAL CAPSULE	T2	MM
ARAKODA ORAL TABLET	T3	QL; Preferred Alternatives (atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic)
<i>aranelle (28) oral tablet</i>	T1	MM
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T2	ST; SP; MM
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	T2	ST; SP; MM
ARAVA ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (leflunomide)
ARAZLO TOPICAL LOTION	T3	PA; Preferred Alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere)

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Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SUBCUTANEOUS RECON SOLN	T3	ST; SP; MM; QL; Preferred Alternatives (ILARIS)
ARESTIN DENTAL CARTRIDGE	T3	SP
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	
<i>arformoterol inhalation solution for nebulization</i>	T1	MM; QL
ARICEPT ORAL TABLET	T3	BP; MM; Preferred Alternatives (donepezil hcl)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	T2	PA; SP
ARIMIDEX ORAL TABLET	T3	BP; MM; Preferred Alternatives (anastrozole)
<i>aripiprazole oral solution</i>	T1	MM
<i>aripiprazole oral tablet</i>	T1	MM
<i>aripiprazole oral tablet, disintegrating</i>	T1	MM
ARIXTRA SUBCUTANEOUS SYRINGE	T3	SP; BP; Preferred Alternatives (fondaparinux sodium)
<i>armodafinil oral tablet</i>	T1	ST; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	MM; QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
ARMOUR THYROID ORAL TABLET	T2	MM
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
AROMASIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (exemestane)
ARTHROTEC 50 ORAL TABLET,IR,DELA YED REL,BIPHASIC	T3	BP; MM; Preferred Alternatives (diclofenac sodium- misoprostol)
ARTHROTEC 75 ORAL TABLET,IR,DELA YED REL,BIPHASIC	T3	BP; MM; Preferred Alternatives (diclofenac sodium- misoprostol)
<i>ascomp with codeine oral capsule</i>	T1	PA; QL
<i>asenapine maleate sublingual tablet</i>	T1	MM
<i>ashlyna oral tablets,dose pack,3 month</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER	T2	MM; QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T2	MM; QL
<i>aspirin childrens oral tablet, chewable</i>	T1	MM
<i>aspirin oral tablet</i>	T1	MM
<i>aspirin oral tablet, chewable</i>	T1	MM
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	T1	MM
<i>aspirin, buffd- calcium carb-mag oral tablet</i>	T1	MM
<i>aspirin- dipyridamole oral capsule, er multiphase 12 hr</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN- OMEPRAZOLE ORAL TABLET, IR, DELA YED REL, BIPHASIC 81-40 MG	T3	ST; MM; Preferred Alternatives (aspirin, omeprazole, dexlansoprazole dr, esomeprazole magnesium, lansoprazole, pantoprazole sodium, rabeprazole sodium)
<i>aspir-trin oral tablet, delayed release (dr/ec)</i>	T1	MM
ASPRUZO SPRINKLE ORAL EXTEND RELEASE GRANULES, PAC KET	T3	MM; Preferred Alternatives (ranolazine er)
ASSURE 4 CONTROL SOLUTION COMBO PACK	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE 4 STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ASSURE DOSE NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
ASSURE PLATINUM GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PLATINUM TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ASSURE PRISM MULTI METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM MULTI STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	ST; MM; Preferred Alternatives (TACROLIMUS)
AT HOME A1C DEVICE	T3	MM
ATACAND HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (candesartan-hydrochlorothiazide)
ATACAND ORAL TABLET	T3	BP; MM; Preferred Alternatives (candesartan cilexetil)
<i>atazanavir oral capsule</i>	T1	MM
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; MM; QL; Preferred Alternatives (risedronate sodium dr)
<i>atenolol oral tablet</i>	T1	MM
<i>atenolol-chlorthalidone oral tablet</i>	T1	MM
ATIVAN ORAL TABLET	T3	BP; Preferred Alternatives (lorazepam)

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine oral capsule</i>	T1	MM
ATORVALIQ ORAL SUSPENSION	T3	MM; QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
<i>atorvastatin oral tablet</i>	T1	MM; QL
<i>atovaquone oral suspension</i>	T1	
<i>atovaquone-proguanil oral tablet</i>	T1	QL
ATRALIN TOPICAL GEL	T3	BP; Preferred Alternatives (tretinoin)
ATRIPLA ORAL TABLET	T3	BP; MM; Preferred Alternatives (efavirenz- emtricitabine-tenofovir disoproxil fumarate)
<i>atropine ophthalmic (eye) drops</i>	T1	MM
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	T3	
<i>atropine ophthalmic (eye) ointment</i>	T1	MM
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	MM; Preferred Alternatives (atropine sulfate)

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Drug Name	Drug Tier	Requirements/ Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (INCRUSE ELLIPTA, SEREVENT DISKUS, SPIRIVA, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT)
AUBAGIO ORAL TABLET	T3	ST; SP; BP; MM; QL
<i>aubra eq oral tablet</i>	T1	MM
<i>aubra oral tablet</i>	T1	MM
AUGMENTIN ES- 600 ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; Preferred Alternatives (amoxicillin- clavulanate potass)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTIO N 125-31.25 MG/5 ML	T2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; Preferred Alternatives (amoxicillin- clavulanate pot er)
<i>aurovela 1.5/30 (21) oral tablet</i>	T1	MM
<i>aurovela 1/20 (21) oral tablet</i>	T1	MM
<i>aurovela 24 fe oral tablet</i>	T1	MM
<i>aurovela fe 1.5/30 (28) oral tablet</i>	T1	MM
<i>aurovela fe 1-20 (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
AURYXIA ORAL TABLET	T3	MM; Preferred Alternatives (lanthanum carbonate, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO)
AUSTEDO ORAL TABLET	T2	ST; SP; MM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	T2	ST; SP; MM
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK	T2	ST; SP
AUTOSOFT 30 INFUSION SET	T2	MM
AUTOSOFT 90 INFUSION SET	T2	MM
AUTOSOFT XC INFUSION SET 23" INFUSION SET	T2	MM
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	T3	MM; Preferred Alternatives (bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA)
AUVI-Q INJECTION AUTO-INJECTOR	T2	QL
AVALIDE ORAL TABLET	T3	BP; MM; Preferred Alternatives (irbesartan- hydrochlorothiaz ide)

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Drug Name	Drug Tier	Requirements/ Limits
AVAPRO ORAL TABLET	T3	BP; MM; Preferred Alternatives (irbesartan)
AVAR LS TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>avar topical cleanser</i>	T1	
AVAR-E GREEN TOPICAL CREAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR-E LS TOPICAL CREAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>aviane oral tablet</i>	T1	MM
AVIDOXY DK KIT	T3	Preferred Alternatives (doxycycline monohydrate)
<i>avidoxy oral tablet</i>	T1	
<i>avita topical cream</i>	T1	
AVITA TOPICAL GEL	T3	Preferred Alternatives (tretinoin, adapalene)
AVODART ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (dutasteride)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	T2	ST; SP; MM; QL; LA
<i>ayuna oral tablet</i>	T1	MM
AYVAKIT ORAL TABLET	T3	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
AZASAN ORAL TABLET	T3	BP; MM; Preferred Alternatives (azathioprine)
AZASITE OPHTHALMIC (EYE) DROPS	T2	
<i>azathioprine oral tablet</i>	T1	MM
<i>azelaic acid topical gel</i>	T1	
<i>azelastine nasal aerosol, spray</i>	T1	MM; QL
<i>azelastine ophthalmic (eye) drops</i>	T1	
<i>azelastine-fluticasone nasal spray, non-aerosol</i>	T1	QL
AZELEX TOPICAL CREAM	T3	Preferred Alternatives (adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA)
AZILECT ORAL TABLET	T3	BP; MM; Preferred Alternatives (rasagiline mesylate)
<i>azithromycin oral packet</i>	T1	
<i>azithromycin oral suspension for reconstitution</i>	T1	
<i>azithromycin oral tablet</i>	T1	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	BP; MM; Preferred Alternatives (brinzolamide)

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Drug Name	Drug Tier	Requirements/ Limits
AZOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (amlodipine-olmesartan)
AZSTARYS ORAL CAPSULE	T3	MM; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEW ER, QUILLIVANT XR)
AZULFIDINE ENTABS ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (sulfasalazine)
AZULFIDINE ORAL TABLET	T3	BP; MM; Preferred Alternatives (sulfasalazine)
<i>azurette (28) oral tablet</i>	T1	MM
<i>b complex 1 (with folic acid) oral tablet</i>	T1	MM
<i>b complex-vitamin c-folic acid oral tablet</i>	T1	
<i>bacitracin ophthalmic (eye) ointment</i>	T1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	T1	
BACLOFEN ORAL SOLUTION	T3	ST; MM; Preferred Alternatives (baclofen)

Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen oral suspension</i>	T1	ST; MM
<i>baclofen oral tablet</i>	T1	MM
BACTRIM DS ORAL TABLET	T3	BP; Preferred Alternatives (sulfamethoxazole-trimethoprim)
BACTRIM ORAL TABLET	T3	BP; Preferred Alternatives (sulfamethoxazole-trimethoprim)
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T2	ST; SP; MM; QL; LA
<i>balanced b-100 oral tablet</i>	T1	MM
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	T1	MM
BALCOLTRA ORAL TABLET	T3	MM; Preferred Alternatives (AVIANE, LESSINA, LEVONORGES TREL-ETH ESTRADIOL, VIENVA, LO LOESTRIN FE)
<i>balsalazide oral capsule</i>	T1	
BALVERSA ORAL TABLET	T2	PA; SP; MM; LA
<i>balziva (28) oral tablet</i>	T1	MM
BANZEL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (rufinamide)

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Drug Name	Drug Tier	Requirements/ Limits
BANZEL ORAL TABLET	T3	BP; MM; Preferred Alternatives (rufinamide)
BAQSIMI NASAL SPRAY, NON-AEROSOL	T2	QL
BARACLUDE ORAL SOLUTION	T2	MM
BARACLUDE ORAL TABLET	T3	BP; MM; Preferred Alternatives (entecavir)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
BASAGLAR TEMPO PEN (U-100) INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
BAXDELA ORAL TABLET	T2	QL
<i>bayer aspirin oral tablet, delayed release (drlec)</i>	T1	MM
<i>bayer low dose aspirin oral tablet, delayed release (drlec)</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	T1	
BD INTEGRA NEEDLE NEEDLE	T2	
BD MICROTAINER LANCET 30 GAUGE	T2	MM
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	T2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	T2	MM
BECONASE AQ NASAL SPRAY, NON-AEROSOL	T3	MM; QL; Preferred Alternatives (FLUNISOLIDE, FLUTICASONE PROPIONATE, MOMETASONE FUROATE, QNASL)
BELBUCA BUCCAL FILM	T2	QL
<i>belladonna alkaloids-opium rectal suppository</i>	T1	PA
BELSOMRA ORAL TABLET	T3	QL; Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
<i>benazepril oral tablet</i>	T1	MM
<i>benazepril-hydrochlorothiazide oral tablet</i>	T1	MM
BENEFIX INTRAVENOUS RECON SOLN	T2	PA; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (olmesartan- hydrochlorothiaz ide)
BENICAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (olmesartan medoxomil)
BENLYSTA SUBCUTANEOU S AUTO- INJECTOR	T2	PA; SP; MM; QL; LA
BENLYSTA SUBCUTANEOU S SYRINGE	T2	PA; SP; MM; QL; LA
BENZAMYCIN TOPICAL GEL	T3	BP; Preferred Alternatives (erythromycin- benzoyl peroxide)
BENZEPRO (MICROSPHERE S) TOPICAL CLEANSER	T3	BP
<i>benzebro topical towelette</i>	T1	
BENZNIDAZOLE ORAL TABLET	T2	QL
<i>benzonatate oral capsule</i>	T1	
<i>benzoyl peroxide topical cleanser 7 %</i>	T1	
<i>benzoyl peroxide topical foam</i>	T1	
<i>benzphetamine oral tablet</i>	T1	QL
<i>benztropine oral tablet</i>	T1	MM
<i>bepotastine besilate ophthalmic (eye) drops</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
BEPREVE OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (bepotastine besilate)
<i>beseb topical lotion</i>	T1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	Preferred Alternatives (ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin)
BESREMI SUBCUTANEOU S SYRINGE	T3	PA; SP; MM; LA
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	T3	
<i>betaine oral powder</i>	T1	ST; SP; MM
<i>betamethasone dipropionate topical cream</i>	T1	
<i>betamethasone dipropionate topical lotion</i>	T1	
<i>betamethasone dipropionate topical ointment</i>	T1	
<i>betamethasone valerate topical cream</i>	T1	
<i>betamethasone valerate topical foam</i>	T1	
<i>betamethasone valerate topical lotion</i>	T1	
<i>betamethasone valerate topical ointment</i>	T1	
<i>betamethasone, augmented topical cream</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone, augmented topical gel</i>	T1	
<i>betamethasone, augmented topical lotion</i>	T1	
<i>betamethasone, augmented topical ointment</i>	T1	
BETAPACE AF ORAL TABLET	T3	BP; MM; Preferred Alternatives (sotalol af)
BETAPACE ORAL TABLET	T3	BP; MM; Preferred Alternatives (sotalol)
BETASERON SUBCUTANEOUS KIT	T2	ST; SP; MM; QL; LA
<i>betaxolol ophthalmic (eye) drops</i>	T1	MM
<i>betaxolol oral tablet</i>	T1	MM
<i>bethanechol chloride oral tablet</i>	T1	MM
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	T3	ST; SP; BP; MM; QL; Preferred Alternatives (tobramycin sulfate)
BETIMOL OPHTHALMIC (EYE) DROPS	T3	MM; Preferred Alternatives (TIMOLOL MALEATE, BETAXOLOL HCL, LEVOBUNOLOL HCL)
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	MM; Preferred Alternatives (betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate)

Drug Name	Drug Tier	Requirements/ Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	T2	MM; QL
<i>bexarotene oral capsule</i>	T1	PA; SP; MM; LA
<i>bexarotene topical gel</i>	T1	PA; SP; LA
BEXSERO INTRAMUSCULAR SYRINGE	T2	
BEYAZ ORAL TABLET	T3	BP; MM; Preferred Alternatives (drospirenone-eth estralevomef)
<i>bicalutamide oral tablet</i>	T1	MM
BIDIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (isosorbide dinit-hydralazine)
BIGFOOT UNITY KIT	T3	MM; QL; Preferred Alternatives (DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR)
BIJUVA ORAL CAPSULE	T3	MM; Preferred Alternatives (AMABELZ, ESTRADIOL-NORETHINDRONE ACETAT, FYAVOLV, JINTELI, MIMVEY, PREMPHASE, PREMPRO)

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Drug Name	Drug Tier	Requirements/ Limits
BIKTARVY ORAL TABLET	T2	MM
BILTRICIDE ORAL TABLET	T3	BP; Preferred Alternatives (praziquantel)
<i>bimatoprost ophthalmic (eye) drops</i>	T1	MM
BINOSTO ORAL TABLET, EFFERVESCENT	T3	MM; QL; Preferred Alternatives (alendronate sodium)
BIONIME RIGHTEST GM300 SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
BIONIME RIGHTEST TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
BIOTEL CARE BGM-4 METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>bismuth subcit k-metronidz-tn oral capsule</i>	T1	
<i>bisoprolol fumarate oral tablet</i>	T1	MM
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	T1	MM
<i>blisovi 24 fe oral tablet</i>	T1	MM
<i>blisovi fe 1.5/30 (28) oral tablet</i>	T1	MM
<i>blisovi fe 1/20 (28) oral tablet</i>	T1	MM
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
BLOOD GLUCOSE TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
BLOOD-GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
BONJESTA ORAL TABLET,IR,DELA YED REL,BIPHASIC	T3	QL; Preferred Alternatives (doxylamine succ-pyridoxine hcl)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	T2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	T2	
<i>bosentan oral tablet</i>	T1	ST; SP; MM; QL
BOSULIF ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>bp 10-1 topical cleanser</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
BRAFTOVI ORAL CAPSULE 75 MG	T3	PA; SP; MM; QL; LA; Preferred Alternatives (TAFINLAR, ZELBORAF)
BREATHERITE MDI SPACER SPACER	T2	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
BRENZAVVY ORAL TABLET	T3	MM
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	T2	MM; QL
BREXAFEMME ORAL TABLET	T3	Preferred Alternatives (fluconazole)
<i>breynga inhalation hfa aerosol inhaler</i>	T1	MM
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	T2	MM; QL
<i>briellyn oral tablet</i>	T1	MM
BRILINTA ORAL TABLET	T2	MM
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	T1	MM
<i>brimonidine topical gel with pump</i>	T1	PA

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Drug Name	Drug Tier	Requirements/ Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	T3	MM
<i>brimonidine-timolol ophthalmic (eye) drops</i>	T1	MM
<i>brinzolamide ophthalmic (eye) drops, suspension</i>	T1	MM
BRIVIACT ORAL SOLUTION	T3	MM; Preferred Alternatives (levetiracetam)
BRIVIACT ORAL TABLET	T3	MM; Preferred Alternatives (levetiracetam)
<i>bromfed dm oral syrup</i>	T1	Preferred Alternatives (bromipheniramine-pseudoephedrine)
<i>bromfenac ophthalmic (eye) drops</i>	T1	
<i>bromocriptine oral capsule</i>	T1	MM
<i>bromocriptine oral tablet</i>	T1	MM
<i>brompheniramine-pseudoephedrine oral syrup</i>	T1	
BROMSITE OPTHALMIC (EYE) DROPS	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	T3	PA; SP; MM; Preferred Alternatives (nebulal, pulmosal, sodium chloride)

Drug Name	Drug Tier	Requirements/ Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION	T3	BP; MM; QL; Preferred Alternatives (arformoterol tartrate)
BRUKINSA ORAL CAPSULE	T3	PA; SP; MM; LA; Preferred Alternatives (CALQUENCE, IMBRUVICA)
BRYHALI TOPICAL LOTION	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
<i>budesonide inhalation suspension for nebulization</i>	T1	MM; QL
<i>budesonide oral capsule, delayed, extended release</i>	T1	
<i>budesonide oral tablet, delayed and extended release</i>	T1	
<i>budesonide rectal foam</i>	T1	
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	T1	MM; QL
<i>bufferin oral tablet</i>	T1	MM
<i>bumetanide oral tablet</i>	T1	MM
BUPAP ORAL TABLET	T3	ST; BP; Preferred Alternatives (acetaminophen w/butalbital)

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Drug Name	Drug Tier	Requirements/ Limits
BUPHENYL ORAL POWDER	T3	PA; BP; MM; Preferred Alternatives (sodium phenylbutyrate)
BUPHENYL ORAL TABLET	T3	PA; BP; MM; Preferred Alternatives (sodium phenylbutyrate)
<i>buprenorphine hcl sublingual tablet</i>	T1	
<i>buprenorphine transdermal patch weekly</i>	T1	
<i>buprenorphine- naloxone sublingual film</i>	T1	MM
<i>buprenorphine- naloxone sublingual tablet</i>	T1	MM
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	T1	
<i>bupropion hcl oral tablet</i>	T1	MM
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	MM
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	T3	MM; Preferred Alternatives (bupropion xl)
<i>bupropion hcl oral tablet sustained- release 12 hr</i>	T1	MM
<i>buspirone oral tablet</i>	T1	MM
<i>butalbital compound w/codeine oral capsule</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital- acetaminop-caf- cod oral capsule</i>	T1	PA; QL
<i>butalbital- acetaminophen oral capsule</i>	T1	
<i>butalbital- acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	T1	
<i>butalbital- acetaminophen- caff oral capsule</i>	T1	
<i>butalbital- acetaminophen- caff oral tablet</i>	T1	
<i>butalbital-aspirin- caffeine oral capsule</i>	T1	
<i>butalbital-aspirin- caffeine oral tablet</i>	T1	
<i>butorphanol injection solution</i>	T1	PA; QL
<i>butorphanol nasal spray, non-aerosol</i>	T1	PA; QL
BUTRANS TRANSDERMAL PATCH WEEKLY	T3	BP; Preferred Alternatives (buprenorphine)
BYDUREON BCISE SUBCUTANEOU S AUTO- INJECTOR	T2	PA; MM; QL
BYETTA SUBCUTANEOU S PEN INJECTOR	T2	PA; MM; QL
BYLVAY ORAL CAPSULE	T3	PA; SP; MM; QL; Preferred Alternatives (cholestyramine, rifampin, ursodiol)

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Drug Name	Drug Tier	Requirements/ Limits
BYLVAY ORAL PELLET	T3	PA; SP; MM; QL; Preferred Alternatives (cholestyramine, rifampin, ursodiol)
BYSTOLIC ORAL TABLET	T3	BP; MM; Preferred Alternatives (nebivolol hcl)
<i>cabergoline oral tablet</i>	T1	MM; QL
CABOMETYX ORAL TABLET	T2	PA; SP; MM; QL; LA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-80 MG	T3	BP; MM; QL; Preferred Alternatives (amlodipine-atorvastatin)
<i>caffeine citrate oral solution</i>	T1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	T3	BP; MM; Preferred Alternatives (verapamil er)
<i>calcipotriene scalp solution</i>	T1	QL
<i>calcipotriene topical cream</i>	T1	QL
CALCIPOTRIENE TOPICAL FOAM	T3	QL; Preferred Alternatives (calcipotriene, calcitriol)
<i>calcipotriene topical ointment</i>	T1	QL
<i>calcipotriene-betamethasone topical ointment</i>	T1	QL
<i>calcipotriene-betamethasone topical suspension</i>	T1	QL
<i>calcitonin (salmon) injection solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	T1	MM
<i>calcitriol oral capsule</i>	T1	MM
<i>calcitriol oral solution</i>	T1	MM
<i>calcitriol topical ointment</i>	T1	
<i>calcium acetate(phosphat bind) oral capsule</i>	T1	MM; QL
<i>calcium acetate(phosphat bind) oral tablet</i>	T1	MM; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	T2	PA; SP; MM; QL; LA
CAMBIA ORAL POWDER IN PACKET	T3	BP; QL; Preferred Alternatives (diclofenac potassium)
<i>camila oral tablet</i>	T1	MM
<i>camrese lo oral tablets, dose pack, 3 month</i>	T1	MM
<i>camrese oral tablets, dose pack, 3 month</i>	T1	MM
CAMZYOS ORAL CAPSULE	T2	PA; SP; MM; LA
CANASA RECTAL SUPPOSITORY	T3	BP; MM; Preferred Alternatives (mesalamine)
<i>candesartan oral tablet</i>	T1	MM
<i>candesartan-hydrochlorothiazid oral tablet</i>	T1	MM
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	T3	

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Drug Name	Drug Tier	Requirements/ Limits
CAPCOF ORAL LIQUID	T3	Preferred Alternatives (promethazine vc w/codeine)
<i>capecitabine oral tablet</i>	T1	ST; SP; QL; LA
CAPEX TOPICAL SHAMPOO	T3	Preferred Alternatives (fluocinolone acetonide)
CAPLYTA ORAL CAPSULE	T3	MM; Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
CAPRELSA ORAL TABLET	T2	PA; SP; MM; QL
<i>captopril oral tablet</i>	T1	MM
<i>captopril-hydrochlorothiazide oral tablet</i>	T1	MM
CARAC TOPICAL CREAM	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
CARAFATE ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (sucralfate)
CARAFATE ORAL TABLET	T3	BP; MM; Preferred Alternatives (sucralfate)
CARBAGLU ORAL TABLET, DISPERSIBLE	T2	PA; SP; MM

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T1	MM
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	T1	MM
<i>carbamazepine oral tablet</i>	T1	MM
<i>carbamazepine oral tablet extended release 12 hr</i>	T1	MM
<i>carbamazepine oral tablet, chewable</i>	T1	MM
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	T3	BP; MM; Preferred Alternatives (carbamazepine er)
<i>carbidopa oral tablet</i>	T1	PA; MM
<i>carbidopa-levodopa oral tablet</i>	T1	MM
<i>carbidopa-levodopa oral tablet extended release</i>	T1	MM
<i>carbidopa-levodopa oral tablet, disintegrating</i>	T1	MM
<i>carbidopa-levodopa-entacapone oral tablet</i>	T1	MM
<i>carbinoxamine maleate oral liquid</i>	T1	
<i>carbinoxamine maleate oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (cartia xt, diltiazem 24hr er (cd))
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (matzim la)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	BP; MM; Preferred Alternatives (diltiazem hcl)
CARDURA ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (doxazosin mesylate)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	T3	MM; QL; Preferred Alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl)
CARESENS N	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CARESENS N TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CARESENS N VOICE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH GLUCOSE MONITORING KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CARETOUCH TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>carglumic acid oral tablet, dispersible</i>	T1	PA; SP; MM
<i>carisoprodol oral tablet</i>	T1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol-aspirin oral tablet</i>	T1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol-aspirin-codeine oral tablet</i>	T1	PA; QL; Preferred Alternatives (metaxalone, tizanidine hcl)

Drug Name	Drug Tier	Requirements/ Limits
CARNITOR (SUGAR-FREE) ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (levocarnitine)
CARNITOR ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (levocarnitine)
CARNITOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (levocarnitine)
CAROSPIR ORAL SUSPENSION	T3	ST; MM; Preferred Alternatives (spironolactone)
<i>carteolol ophthalmic (eye) drops</i>	T1	MM
<i>cartia xt oral capsule, extended release 24hr</i>	T1	MM
<i>carvedilol oral tablet</i>	T1	MM
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	T1	MM
CASODEX ORAL TABLET	T3	BP; MM; Preferred Alternatives (bicalutamide)
CATAPRES-TTS- 1 TRANSDERMAL PATCH WEEKLY	T3	BP; MM; QL; Preferred Alternatives (clonidine hcl)
CATAPRES-TTS- 2 TRANSDERMAL PATCH WEEKLY	T3	BP; MM; QL; Preferred Alternatives (clonidine hcl)
CATAPRES-TTS- 3 TRANSDERMAL PATCH WEEKLY	T3	BP; MM; QL; Preferred Alternatives (clonidine hcl)

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Drug Name	Drug Tier	Requirements/ Limits
CAVERJECT IMPULSE INTRACAVERNO SAL KIT	T2	MM; QL
CAVERJECT INTRACAVERNO SAL RECON SOLN	T2	MM; QL
CAVERJECT INTRACAVERNO SAL SYRINGE	T2	MM; QL
CAYA CONTOURED VAGINAL DIAPHRAGM	T2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP; QL
<i>caziant (28) oral tablet</i>	T1	MM
<i>cefaclor oral capsule</i>	T1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefaclor oral tablet extended release 12 hr</i>	T1	
<i>cefadroxil oral capsule</i>	T1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T1	
<i>cefadroxil oral tablet</i>	T1	
<i>cefdinir oral capsule</i>	T1	
<i>cefdinir oral suspension for reconstitution</i>	T1	
<i>cefixime oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime oral suspension for reconstitution</i>	T1	
<i>cefpodoxime oral suspension for reconstitution</i>	T1	
<i>cefpodoxime oral tablet</i>	T1	
<i>cefprozil oral suspension for reconstitution</i>	T1	
<i>cefprozil oral tablet</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
CELEBREX ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (celecoxib)
<i>celecoxib oral capsule</i>	T1	MM
CELEXA ORAL TABLET	T3	BP; MM; Preferred Alternatives (citalopram hbr)
CELLCEPT ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (mycophenolate mofetil)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; MM; Preferred Alternatives (mycophenolate mofetil)
CELLCEPT ORAL TABLET	T3	BP; MM; Preferred Alternatives (mycophenolate mofetil)
CELONTIN ORAL CAPSULE 300 MG	T2	BP; MM
CENTANY AT TOPICAL OINTMENT KIT	T3	QL; Preferred Alternatives (mupirocin, mupirocin)

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Drug Name	Drug Tier	Requirements/ Limits
CENTANY TOPICAL OINTMENT	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension for reconstitution</i>	T1	
<i>cephalexin oral tablet</i>	T1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	T3	MM; Preferred Alternatives (cyclosporine, RESTASIS MULTIDOSE, XIIDRA)
CEQUR SIMPLICITY DEVICE	T2	MM
CERDELGA ORAL CAPSULE	T2	ST; SP; MM; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	T3	
CETRAXAL OTIC (EAR) DROPPERETTE	T3	Preferred Alternatives (ciprofloxacin hcl, ofloxacin)
<i>cevimeline oral capsule</i>	T1	MM
CHANTIX CONTINUING MONTH BOX ORAL TABLET	T3	Preferred Alternatives (varenicline tartrate)
CHANTIX ORAL TABLET 1 MG	T3	Preferred Alternatives (varenicline tartrate)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (varenicline tartrate)

Drug Name	Drug Tier	Requirements/ Limits
<i>charlotte 24 fe oral tablet,chewable</i>	T1	MM
<i>chateal (28) oral tablet</i>	T1	MM
<i>chateal eq (28) oral tablet</i>	T1	MM
CHEMET ORAL CAPSULE	T2	
CHENODAL ORAL TABLET	T2	PA; SP
<i>chlordiazepoxide hcl oral capsule</i>	T1	
<i>chlordiazepoxide-clidinium oral capsule</i>	T1	MM
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	T1	
<i>chloroquine phosphate oral tablet</i>	T1	
<i>chlorpromazine oral concentrate</i>	T1	MM
<i>chlorpromazine oral tablet</i>	T1	MM
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	MM
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
CHOLBAM ORAL CAPSULE 250 MG	T2	PA; SP; MM
CHOLBAM ORAL CAPSULE 50 MG	T2	PA; SP; MM; QL
<i>cholestyramine (with sugar) oral powder</i>	T1	MM
<i>cholestyramine (with sugar) oral powder in packet</i>	T1	MM
<i>cholestyramine light oral powder</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light oral powder in packet</i>	T1	MM
CHORIONIC GONADOTROPIN , HUMAN INJECTION RECON SOLN	T3	ST; Preferred Alternatives (NOVAREL, OVIDREL)
CHORIONIC GONADOTROPIN , HUMAN INTRAMUSCULAR RECON SOLN	T3	SP; QL; Preferred Alternatives (NOVAREL, OVIDREL)
CIALIS ORAL TABLET 10 MG, 20 MG	T3	BP; MM; QL; Preferred Alternatives (tadalafil)
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3	BP; MM; QL
CIBINQO ORAL TABLET	T2	PA; SP; MM; QL
CICLODAN KIT TOPICAL COMBO PACK	T3	
CICLODAN KIT TOPICAL SOLUTION	T3	Preferred Alternatives (ciclopirox)
<i>ciclodan topical cream</i>	T1	QL
<i>ciclodan topical solution</i>	T1	
<i>ciclopirox topical cream</i>	T1	QL
<i>ciclopirox topical gel</i>	T1	QL
<i>ciclopirox topical shampoo</i>	T1	QL
<i>ciclopirox topical solution</i>	T1	
<i>ciclopirox topical suspension</i>	T1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cilostazol oral tablet</i>	T1	MM
CILOXAN OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin)
CIMDUO ORAL TABLET	T2	MM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	MM
CIMZIA SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
<i>cinacalcet oral tablet</i>	T1	MM
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	T3	Preferred Alternatives (ciprofloxacin-dexamethasone)
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	T3	BP; Preferred Alternatives (ciprofloxacin)
CIPRO ORAL TABLET 250 MG, 500 MG	T3	BP; Preferred Alternatives (ciprofloxacin hcl)
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	T1	
<i>ciprofloxacin hcl oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl otic (ear) dropperette</i>	T1	
<i>ciprofloxacin oral suspension, microcapsule recon</i>	T1	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	T3	Preferred Alternatives (ciprofloxacin-dexamethasone)
CITALOPRAM ORAL CAPSULE	T3	MM; Preferred Alternatives (citalopram hbr)
<i>citalopram oral solution</i>	T1	MM
<i>citalopram oral tablet</i>	T1	MM
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	T3	MM; Preferred Alternatives (prenatal plus, preplus)
CITRANATAL MEDLEY ORAL CAPSULE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
<i>citrate of magnesia oral solution</i>	T1	
<i>citroma oral solution</i>	T1	
<i>claravis oral capsule</i>	T1	
CLARINEX ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (desloratadine)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	T3	QL; Preferred Alternatives (desloratadine, fexofenadine-pse er)

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin oral suspension for reconstitution</i>	T1	
<i>clarithromycin oral tablet</i>	T1	
<i>clarithromycin oral tablet extended release 24 hr</i>	T1	
<i>classic prenatal oral tablet</i>	T1	MM
<i>clearlax oral powder</i>	T1	
<i>clemastine oral tablet 2.68 mg</i>	T1	
CLENIA PLUS TOPICAL SUSPENSION	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
CLENPIQ ORAL SOLUTION	T2	
CLEOCIN HCL ORAL CAPSULE	T3	BP; Preferred Alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC ORAL RECON SOLN	T3	BP; Preferred Alternatives (clindamycin palmitate hcl)
CLEOCIN T TOPICAL LOTION	T3	BP; QL; Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL CREAM	T3	BP; Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY	T3	Preferred Alternatives (clindamycin phosphate, metronidazole, XACIATO)

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK BLOOD GLUCOSE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CLEVER CHOICE GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE MICRO	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CLEVER CHOICE MICRO TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLEVER CHOICE PRO	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE PRO STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLEVER CHOICE TALK GLUCOSE SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CLEVER CHOICE TALK TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLEVER CHOICE VOICE PLUS TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	T3	MM; QL; Preferred Alternatives (COMBIPATCH)
CLIMARA TRANSDERMAL PATCH WEEKLY	T3	BP; MM; QL; Preferred Alternatives (estradiol)
CLINDACIN ETZ TOPICAL KIT	T3	Preferred Alternatives (clindamycin phosphate, clindacin etz)
<i>clindacin etz topical swab</i>	T1	
<i>clindacin p topical swab</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
CLINDACIN PAC TOPICAL KIT	T3	Preferred Alternatives (clindamycin phosphate, clindacin etz)
<i>clindacin topical foam</i>	T1	QL
CLINDAGEL TOPICAL GEL, ONCE DAILY	T3	BP; QL; Preferred Alternatives (clindamycin phosphate)
<i>clindamycin hcl oral capsule</i>	T1	
<i>clindamycin pediatric oral recon soln</i>	T1	
<i>clindamycin phosphate topical foam</i>	T1	QL
<i>clindamycin phosphate topical gel</i>	T1	QL
<i>clindamycin phosphate topical gel, once daily</i>	T1	QL
<i>clindamycin phosphate topical lotion</i>	T1	QL
<i>clindamycin phosphate topical solution</i>	T1	QL
<i>clindamycin phosphate topical swab</i>	T1	
<i>clindamycin phosphate vaginal cream</i>	T1	
<i>clindamycin- benzoyl peroxide topical gel</i>	T1	
<i>clindamycin- benzoyl peroxide topical gel with pump</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin- tretinoin topical gel</i>	T1	
CLINDESSE VAGINAL CREAM,EXTEND ED RELEASE	T3	Preferred Alternatives (clindamycin phosphate, metronidazole, XACIATO)
CLINPRO 5000 DENTAL PASTE	T3	MM; Preferred Alternatives (sodium fluoride)
<i>clobazam oral suspension</i>	T1	MM
<i>clobazam oral tablet</i>	T1	MM
<i>clobetasol scalp solution</i>	T1	QL
<i>clobetasol topical cream</i>	T1	QL
<i>clobetasol topical foam</i>	T1	QL
<i>clobetasol topical gel</i>	T1	QL
<i>clobetasol topical lotion</i>	T1	QL
<i>clobetasol topical ointment</i>	T1	QL
<i>clobetasol topical shampoo</i>	T1	QL
<i>clobetasol topical spray,non-aerosol</i>	T1	QL
<i>clobetasol- emollient topical cream</i>	T1	QL
<i>clobetasol- emollient topical foam</i>	T1	QL
CLOBEX TOPICAL SHAMPOO	T3	BP; QL; Preferred Alternatives (clobetasol propionate)

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Drug Name	Drug Tier	Requirements/ Limits
CLOBEX TOPICAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
<i>clocortolone pivalate topical cream</i>	T1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	T3	QL; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
<i>clodan topical shampoo</i>	T1	QL
<i>clomid oral tablet</i>	T1	
<i>clomiphene citrate oral tablet</i>	T1	
<i>clomipramine oral capsule</i>	T1	MM
<i>clonazepam oral tablet</i>	T1	MM
<i>clonazepam oral tablet, disintegrating</i>	T1	MM
<i>clonidine hcl oral tablet</i>	T1	MM
<i>clonidine hcl oral tablet extended release 12 hr</i>	T1	MM
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (clonidine hcl, clonidine hcl)
<i>clonidine transdermal patch weekly</i>	T1	MM; QL
<i>clopidogrel oral tablet 300 mg</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel oral tablet 75 mg</i>	T1	MM
<i>clorazepate dipotassium oral tablet</i>	T1	
<i>clotrimazole mucous membrane troche</i>	T1	
<i>clotrimazole-betamethasone topical cream</i>	T1	QL
<i>clotrimazole-betamethasone topical lotion</i>	T1	QL
<i>clozapine oral tablet</i>	T1	MM
<i>clozapine oral tablet, disintegrating</i>	T1	MM
CLOZARIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (clozapine)
<i>c-nate dha oral capsule</i>	T1	MM
COAGADEX INTRAVENOUS RECON SOLN	T2	PA; SP; LA
COARTEM ORAL TABLET	T2	QL
COCAINE NASAL SOLUTION	T3	
<i>codeine sulfate oral tablet</i>	T1	PA; QL
<i>codeine-butalbital-asa-caff oral capsule</i>	T1	PA; QL
<i>codeine-guaifenesin oral liquid</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
CODITUSSIN AC ORAL LIQUID	T3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
CODITUSSIN DAC ORAL LIQUID	T3	Preferred Alternatives (guaifenesin dac, LORTUSS EX, virtussin dac)
COLAZAL ORAL CAPSULE	T3	BP; Preferred Alternatives (balsalazide disodium)
COLCHICINE (GOUT) ORAL CAPSULE	T3	MM; Preferred Alternatives (colchicine, MITIGARE)
<i>colchicine (gout) oral tablet</i>	T1	MM
COLCRYS ORAL TABLET	T3	BP; MM; Preferred Alternatives (colchicine)
<i>colesevelam oral powder in packet</i>	T1	MM
<i>colesevelam oral tablet</i>	T1	MM
COLESTID FLAVORED ORAL PACKET	T3	MM; Preferred Alternatives (colestipol hcl)
COLESTID ORAL GRANULES	T3	BP; MM; Preferred Alternatives (colestipol hcl)
COLESTID ORAL PACKET	T3	BP; MM; Preferred Alternatives (colestipol hcl)
COLESTID ORAL TABLET	T3	BP; MM; Preferred Alternatives (colestipol hcl)

Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol oral granules</i>	T1	MM
<i>colestipol oral packet</i>	T1	MM
<i>colestipol oral tablet</i>	T1	MM
COMBIGAN OPHTHALMIC (EYE) DROPS	T3	BP; MM; Preferred Alternatives (brimonidine tartrate-timolol)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	T2	MM
COMBIVENT RESPIMAT INHALATION MIST	T2	MM; QL
COMBIVIR ORAL TABLET	T3	BP; MM; Preferred Alternatives (lamivudine-zidovudine)
COMETRIQ ORAL CAPSULE	T2	PA; SP; MM; QL; LA
COMPACT SPACE CHAMBER SPACER	T2	
COMPAZINE ORAL TABLET	T3	BP; Preferred Alternatives (prochlorperazine maleate)
COMPAZINE RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (prochlorperazine maleate)
COMPLERA ORAL TABLET	T3	MM; Preferred Alternatives (ODEFSEY)
<i>complete natal dha oral combo pack</i>	T1	MM
<i>compro rectal suppository</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
COMTAN ORAL TABLET	T3	BP; MM; Preferred Alternatives (entacapone)
CONCEPT DHA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (taron-c dha, virt-c dha)
CONCEPT OB ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (folivane-ob)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (methylphenidate er)
CONDYLOX TOPICAL GEL	T3	QL; Preferred Alternatives (podofilox, imiquimod)
CONJUPRI ORAL TABLET	T3	MM; Preferred Alternatives (amlodipine besylate, felodipine er, nifedipine er, nisoldipine)
<i>constulose oral solution</i>	T1	MM
CONTOUR CONTROL SOLUTION, NML SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT EZ METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT GEN METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT LINK 2.4 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT LINK KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT ONE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CONTOUR TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
CONTRACE ORAL TABLET EXTENDED RELEASE	T3	PA; MM; QL; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, WEGOVY)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	T3	PA; QL; Preferred Alternatives (tramadol hcl er)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	T3	PA; QL; Preferred Alternatives (tramadol hcl er)
COPAXONE SUBCUTANEOUS SYRINGE	T3	ST; SP; BP; MM; QL; LA
COPIKTRA ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (CALQUENCE, IMBRUVICA, VENCLEXTA)
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	T3	Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL CREAM 0.025 %	T3	QL; Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL CREAM 0.05 %	T3	BP; QL; Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL LOTION	T3	BP; QL; Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (flurandrenolide)

Drug Name	Drug Tier	Requirements/ Limits
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	BP; MM; Preferred Alternatives (carvedilol er)
COREG ORAL TABLET	T3	BP; MM; Preferred Alternatives (carvedilol)
CORGARD ORAL TABLET 20 MG, 40 MG	T3	BP; MM; Preferred Alternatives (nadolol)
CORLANOR ORAL SOLUTION	T2	MM
CORLANOR ORAL TABLET	T2	MM
CORTANE-B TOPICAL LOTION	T3	BP; Preferred Alternatives (hc pramoxine)
CORTEF ORAL TABLET	T3	BP; MM; Preferred Alternatives (hydrocortisone)
CORTENEMA RECTAL ENEMA	T3	BP; Preferred Alternatives (hydrocortisone)
CORTIFOAM RECTAL FOAM	T3	Preferred Alternatives (budesonide, hydrocortisone, UCERIS)
<i>cortisone oral tablet</i>	T1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	T3	Preferred Alternatives (neomycin/poly myxin/hc)

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Drug Name	Drug Tier	Requirements/ Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; LA; Preferred Alternatives (TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA)
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	BP; MM; Preferred Alternatives (dorzolamide-timolol)
COSOPT OPHTHALMIC (EYE) DROPS	T3	BP; MM; Preferred Alternatives (dorzolamide-timolol)
COTELLIC ORAL TABLET	T2	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	T3	MM; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEW ER, QUILLIVANT XR)
covaryx h.s. oral tablet	T1	MM
covaryx oral tablet	T1	MM
COZAAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (losartan potassium)
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T2	MM
CRESEMBA ORAL CAPSULE 186 MG	T2	PA
CRESTOR ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (rosuvastatin calcium)
CRINONE VAGINAL GEL 4 %	T3	Preferred Alternatives (medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone)
CRINONE VAGINAL GEL 8 %	T2	SP

Drug Name	Drug Tier	Requirements/ Limits
cromolyn inhalation solution for nebulization	T1	MM
cromolyn ophthalmic (eye) drops	T1	
cromolyn oral concentrate	T1	MM
crotan topical lotion	T1	
cryselle (28) oral tablet	T1	MM
CUPRIMINE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (penicillamine)
curae oral tablet	T1	QL
CUTAQUIG SUBCUTANEOUS SOLUTION	T3	PA; SP; MM; Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY)
CUVITRU SUBCUTANEOUS SOLUTION	T3	PA; SP; MM; LA; Preferred Alternatives (XEMBIFY)
CUVPOSA ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (glycopyrrolate)
CUVRIOR ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (trientine hcl)
cyanocobalamin (vitamin b-12) injection solution	T1	MM
cyclobenzaprine oral tablet 10 mg, 5 mg	T1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (cyclopentolate hcl)

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Drug Name	Drug Tier	Requirements/ Limits
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	T3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	T1	
<i>cyclopen-tropic- phenyleph-watr ophthalmic (eye) drops</i>	T1	
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPH AMIDE ORAL TABLET	T3	Preferred Alternatives (cyclophospham ide)
CYCLOSERINE ORAL CAPSULE	T3	
CYCLOSET ORAL TABLET	T3	MM; Preferred Alternatives (metformin hcl, glimepiride, glipizide, glyburide)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS	T3	MM
<i>cyclosporine modified oral capsule</i>	T1	MM
<i>cyclosporine modified oral solution</i>	T1	MM
<i>cyclosporine ophthalmic (eye) dropperette</i>	T1	MM; QL
<i>cyclosporine oral capsule</i>	T1	MM
CYLTEZO(CF) PEN CROHN'S- UC-HS SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; LA
CYLTEZO(CF) PEN SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; LA
CYLTEZO(CF) SUBCUTANEOU S SYRINGE KIT	T2	ST; SP; MM; LA
CYMBALTA ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	T3	BP; MM; Preferred Alternatives (duloxetine hcl)
<i>cyproheptadine oral syrup</i>	T1	
<i>cyproheptadine oral tablet</i>	T1	
<i>cyred eq oral tablet</i>	T1	MM
<i>cyred oral tablet</i>	T1	MM
CYSTADANE ORAL POWDER	T3	ST; SP; BP; MM; Preferred Alternatives (betaine anhydrous)
CYSTADROPS OPHTHALMIC (EYE) DROPS	T3	PA; SP; MM; Preferred Alternatives (CYSTARAN)
CYSTAGON ORAL CAPSULE	T2	SP; MM
CYSTARAN OPHTHALMIC (EYE) DROPS	T2	PA; SP; MM
CYTOMEL ORAL TABLET	T3	BP; MM; Preferred Alternatives (liothyronine sodium)

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Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC ORAL TABLET	T3	BP; MM; Preferred Alternatives (misoprostol)
<i>dabigatran etexilate oral capsule</i>	T1	MM
<i>dalfampridine oral tablet extended release 12 hr</i>	T1	ST; SP; MM; QL; LA
DALIRESP ORAL TABLET 250 MCG	T2	BP; MM; QL
DALIRESP ORAL TABLET 500 MCG	T2	BP; MM
<i>danazol oral capsule</i>	T1	
DANTRIUM ORAL CAPSULE 25 MG	T3	BP; MM; Preferred Alternatives (dantrolene sodium)
<i>dantrolene oral capsule</i>	T1	MM
<i>dapsone oral tablet</i>	T1	MM
<i>dapsone topical gel</i>	T1	
<i>dapsone topical gel with pump</i>	T1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	T2	
DARAPRIM ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (pyrimethamine)
<i>darifenacin oral tablet extended release 24 hr</i>	T1	MM
DARTISLA ORAL TABLET, DISINTEGRATING	T3	MM; Preferred Alternatives (glycopyrrolate)

Drug Name	Drug Tier	Requirements/ Limits
<i>dasetta 1/35 (28) oral tablet</i>	T1	MM
<i>dasetta 7/7/7 (28) oral tablet</i>	T1	MM
DAURISMO ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA)
DAYBUE ORAL SOLUTION	T3	PA; SP; MM
DAYPRO ORAL TABLET	T3	BP; MM; Preferred Alternatives (oxaprozin)
<i>daysee oral tablets, dose pack, 3 month</i>	T1	MM
DAYTRANA TRANSDERMAL PATCH 24 HOUR	T2	MM
DAYVIGO ORAL TABLET	T3	Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
DDAVP ORAL TABLET	T3	BP; MM; Preferred Alternatives (desmopressin acetate)
<i>deblitane oral tablet</i>	T1	MM
<i>deferasirox oral granules in packet</i>	T1	ST; SP; MM; LA
<i>deferasirox oral tablet</i>	T1	ST; SP; MM; LA
<i>deferasirox oral tablet, dispersible</i>	T1	ST; SP; MM; LA
<i>deferiprone oral tablet</i>	T1	ST; SP; MM

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Drug Name	Drug Tier	Requirements/ Limits
DELESTROGEN INTRAMUSCULAR OIL	T3	BP; MM; Preferred Alternatives (estradiol valerate)
DELSTRIGO ORAL TABLET	T3	MM; Preferred Alternatives (BIKTARVY, GENVOYA, ODEFSEY, SYMFI LO, SYMTUZA, TRIUMEQ)
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	T3	BP; MM; Preferred Alternatives (mesalamine dr)
<i>demeclocycline oral tablet</i>	T1	
DEMSEER ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (metyrosine)
DENAVIR TOPICAL CREAM	T3	BP; Preferred Alternatives (penciclovir)
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
<i>denta 5000 plus dental cream</i>	T1	MM
<i>dentagel dental gel</i>	T1	MM
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (divalproex sodium er)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (divalproex sodium)

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	T3	BP; MM; Preferred Alternatives (divalproex sodium)
DEPEN TITRATABS ORAL TABLET	T3	BP; MM; Preferred Alternatives (penicillamine)
DEPO-ESTRADIOL INTRAMUSCULAR OIL	T2	MM
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	BP; MM; QL; Preferred Alternatives (medroxyprogesterone acetate)
DEPO-PROVERA INTRAMUSCULAR SYRINGE	T3	BP; MM; QL; Preferred Alternatives (medroxyprogesterone acetate)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	T3	MM; QL; Preferred Alternatives (medroxyprogesterone acetate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	T3	MM; Preferred Alternatives (testosterone cypionate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	T3	BP; MM; Preferred Alternatives (testosterone cypionate)
<i>dermacinrx lidocan topical adhesive patch, medicated</i>	T1	
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	T3	BP; Preferred Alternatives (fluocinolone acetone)

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Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	T3	BP; Preferred Alternatives (fluocinolone acetonide)
DERMOTIC OIL OTIC (EAR) DROPS	T3	BP; Preferred Alternatives (fluocinolone acetonide oil)
DESCOVY ORAL TABLET	T2	MM
<i>desipramine oral tablet</i>	T1	MM
<i>desloratadine oral tablet</i>	T1	MM; QL
<i>desloratadine oral tablet, disintegrating</i>	T1	MM; QL
<i>desmopressin injection solution</i>	T1	SP
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	MM
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	T2	MM
<i>desmopressin oral tablet</i>	T1	MM
<i>desogestrel/estradiol oral tablet</i>	T1	MM
<i>desonide topical cream</i>	T1	
<i>desonide topical gel</i>	T1	
<i>desonide topical lotion</i>	T1	
<i>desonide topical ointment</i>	T1	
<i>desoximetasone topical cream</i>	T1	
<i>desoximetasone topical gel</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone topical ointment</i>	T1	
<i>desoximetasone topical spray, non-aerosol</i>	T1	
DESOXYN ORAL TABLET	T3	BP; MM; Preferred Alternatives (methamphetamine hcl)
<i>desrx topical gel</i>	T1	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	T1	MM
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	ST; BP; MM; Preferred Alternatives (tolterodine tartrate er)
DETROL ORAL TABLET	T3	ST; BP; MM; Preferred Alternatives (tolterodine tartrate)
<i>dexabliss oral tablets, dose pack</i>	T1	ST
<i>dexamethasone intensol oral drops</i>	T1	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablets, dose pack</i>	T1	ST

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Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	T1	
DEXCOM G6 RECEIVER	T2	PA; MM
DEXCOM G6 SENSOR DEVICE	T2	PA; MM; QL
DEXCOM G6 TRANSMITTER DEVICE	T2	PA; MM; QL
DEXCOM G7 RECEIVER	T2	PA; MM
DEXCOM G7 SENSOR DEVICE	T2	PA; MM; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	T3	BP; MM; Preferred Alternatives (dextroamphetamine sulfate er)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	T3	BP; MM; QL; Preferred Alternatives (dexlansoprazole dr)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	T3	BP; MM; Preferred Alternatives (dexlansoprazole dr)
<i>dexlansoprazole oral capsule, biphase delayed release 30 mg</i>	T1	MM; QL
<i>dexlansoprazole oral capsule, biphase delayed release 60 mg</i>	T1	MM
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	T1	MM
<i>dexmethylphenidate oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
DEXTENZA INTRACANALICULAR INSERT	T3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	T1	MM
<i>dextroamphetamine sulfate oral solution</i>	T1	MM
<i>dextroamphetamine sulfate oral tablet</i>	T1	MM
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	T1	MM
<i>dextroamphetamine-amphetamine oral tablet</i>	T1	MM
DHIVY ORAL TABLET	T3	MM; Preferred Alternatives (carbidopa/levodopa)
DIACOMIT ORAL CAPSULE	T2	PA; SP; MM
DIACOMIT ORAL POWDER IN PACKET	T2	PA; SP; MM
<i>dialyrite 800 oral tablet</i>	T1	MM
DIASTAT ACUDIAL RECTAL KIT	T3	BP; Preferred Alternatives (diazepam)
DIASTAT RECTAL KIT	T3	BP; Preferred Alternatives (diazepam)

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Drug Name	Drug Tier	Requirements/ Limits
DIATRUE CONTROL SOLN NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
DIATRUE PLUS BLOOD GLUCOSE MET	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
DIATRUE PLUS TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>diazepam intensol oral concentrate</i>	T1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T1	
<i>diazepam oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam rectal kit</i>	T1	
<i>diazoxide oral suspension</i>	T1	MM
DIBENZYLINE ORAL CAPSULE	T3	BP; Preferred Alternatives (phenoxybenzamine hcl)
<i>dichlorphenamide oral tablet</i>	T1	PA; SP; MM
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; QL; Preferred Alternatives (doxylamine succ-pyridoxine hcl)
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	T3	QL; Preferred Alternatives (FLECTOR, LICART)
<i>diclofenac potassium oral capsule</i>	T1	
<i>diclofenac potassium oral powder in packet</i>	T1	QL
<i>diclofenac potassium oral tablet 25 mg</i>	T1	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	MM
<i>diclofenac sodium ophthalmic (eye) drops</i>	T1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	T1	MM
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	T1	MM
<i>diclofenac sodium topical drops</i>	T1	QL
<i>diclofenac sodium topical gel 3 %</i>	T1	PA; QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium topical solution in metered-dose pump</i>	T1	QL
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic</i>	T1	MM
<i>dicloxacillin oral capsule</i>	T1	
<i>dicyclomine oral capsule</i>	T1	MM
<i>dicyclomine oral solution</i>	T1	MM
<i>dicyclomine oral tablet</i>	T1	MM
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	T1	MM
<i>diethylpropion oral tablet</i>	T1	QL
<i>diethylpropion oral tablet extended release</i>	T1	QL
DIFFERIN TOPICAL CREAM	T3	BP; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL LOTION	T3	Preferred Alternatives (adapalene, adapalene)
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	T3	QL; Preferred Alternatives (vancomycin hcl)
DIFICID ORAL TABLET	T3	QL; Preferred Alternatives (vancomycin hcl)
<i>diflorasone topical cream</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone topical ointment</i>	T1	QL
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (fluconazole)
DIFLUCAN ORAL TABLET 100 MG, 200 MG	T3	BP; Preferred Alternatives (fluconazole)
<i>diflunisal oral tablet</i>	T1	MM
<i>difluprednate ophthalmic (eye) drops</i>	T1	
<i>digox oral tablet</i>	T1	MM
<i>digoxin oral solution</i>	T1	MM
<i>digoxin oral tablet</i>	T1	MM
<i>dihydroergotamine injection solution</i>	T1	
<i>dihydroergotamine nasal spray, non-aerosol</i>	T1	QL
DILANTIN EXTENDED ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (phenytoin sodium)
DILANTIN INFATABS ORAL TABLET, CHEWABLE	T3	BP; MM; Preferred Alternatives (phenytoin)
DILANTIN ORAL CAPSULE	T2	MM
DILANTIN-125 ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (phenytoin)
DILAUDID ORAL LIQUID	T3	PA; BP; QL; Preferred Alternatives (hydromorphone hcl)

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Drug Name	Drug Tier	Requirements/ Limits
DILAUDID ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (hydromorphone hcl)
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	T1	MM
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	T1	MM
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T1	MM
<i>diltiazem hcl oral capsule, extended release 24hr</i>	T1	MM
<i>diltiazem hcl oral tablet</i>	T1	MM
<i>diltiazem hcl oral tablet extended release 24 hr</i>	T1	MM
<i>dilt-xr oral capsule, ext. rel 24h degradable</i>	T1	MM
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	T1	ST; SP; QL; LA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	T1	ST; SP; MM; QL; LA
DIOVAN HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (valsartan-hydrochlorothiazide)

Drug Name	Drug Tier	Requirements/ Limits
DIOVAN ORAL TABLET	T3	BP; MM; Preferred Alternatives (valsartan)
DIPENTUM ORAL CAPSULE	T3	MM; Preferred Alternatives (balsalazide disodium, mesalamine, mesalamine dr, mesalamine er, sulfasalazine, PENTASA)
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet</i>	T1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	T3	BP; Preferred Alternatives (betamethasone dipropionate)
<i>dipyridamole oral tablet</i>	T1	MM
DISALCID ORAL TABLET	T3	BP; MM; Preferred Alternatives (salsalate)
<i>diskets oral tablet, soluble</i>	T1	QL
<i>disopyramide phosphate oral capsule</i>	T1	MM; Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
<i>disulfiram oral tablet</i>	T1	MM
DIURIL ORAL SUSPENSION	T3	MM; Preferred Alternatives (CHLOROTHIAZIDE)
<i>divalproex oral capsule, delayed rel sprinkle</i>	T1	MM
<i>divalproex oral tablet extended release 24 hr</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex oral tablet, delayed release (dr/ec)</i>	T1	MM
DIVIGEL TRANSDERMAL GEL IN PACKET	T2	BP; MM; QL
<i>dodex injection solution</i>	T1	MM
<i>dofetilide oral capsule</i>	T1	MM
DOJOLVI ORAL LIQUID	T3	PA; SP; MM
<i>dolishale oral tablet</i>	T1	MM
<i>donepezil oral tablet</i>	T1	MM
<i>donepezil oral tablet, disintegrating</i>	T1	MM
DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	T3	BP; MM; Preferred Alternatives (belladonna-phenobarbital)
DONNATAL ORAL TABLET	T3	MM; Preferred Alternatives (belladonna-phenobarbital)
DOPTelet (15 TAB PACK) ORAL TABLET	T2	PA; SP; QL
DORAL ORAL TABLET	T3	Preferred Alternatives (estazolam, lorazepam)
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	T3	BP; Preferred Alternatives (doxycycline hyclate)

Drug Name	Drug Tier	Requirements/ Limits
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	T3	Preferred Alternatives (doxycycline hyclate)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	T3	MM
<i>dorzolamide ophthalmic (eye) drops</i>	T1	MM
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	T1	MM
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	T3	MM
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	T1	MM
<i>dotti transdermal patch semiweekly</i>	T1	MM; QL
DOVATO ORAL TABLET	T2	MM
<i>doxazosin oral tablet</i>	T1	MM; QL
<i>doxepin oral capsule</i>	T1	MM
<i>doxepin oral concentrate</i>	T1	MM
<i>doxepin oral tablet</i>	T1	QL
<i>doxepin topical cream</i>	T1	ST; QL
<i>doxercalciferol oral capsule</i>	T1	MM
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T1	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
<i>doxycycline monohydrate oral capsule</i>	T1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole)
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	T1	QL
DRISDOL ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (ergocalciferol)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	MM; Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)

Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol oral capsule</i>	T1	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	T1	MM
<i>drospirenone-ethinyl estradiol oral tablet</i>	T1	MM
DROXIA ORAL CAPSULE	T2	MM
<i>droxidopa oral capsule</i>	T1	PA; SP; MM; Preferred Alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide)
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	T3	Preferred Alternatives (BROMI-LOTION)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT)
DUAVEE ORAL TABLET	T2	MM
DUET DHA BALANCED ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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Drug Name	Drug Tier	Requirements/ Limits
DUETACT ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (pioglitazone-glimepiride)
DUEXIS ORAL TABLET	T3	BP; MM; Preferred Alternatives (ibuprofen-famotidine)
<i>dulcolax (magnesium hydroxide) oral suspension</i>	T1	
DULERA INHALATION HFA AEROSOL INHALER	T2	MM; QL
<i>duloxetine oral capsule, delayed release(dr/ec)</i>	T1	MM
DUOBRII TOPICAL LOTION	T3	QL; Preferred Alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate, triamcinolone acetonide)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (carbidopa/levo dopa, carbidopa-levodopa er, carbidopa/levodopa)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; MM; QL; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
DUREX AVANTI BARE REAL FEEL	T3	
DUREZOL OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (difluprednate)
<i>dutasteride oral capsule</i>	T1	MM
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	T1	MM
DYANAVAL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	T2	MM
DYANAVAL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	MM
DYMISTA NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (azelastine-fluticasone)
DYRENIUM ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (triamterene)
<i>e.e.s. 400 oral tablet</i>	T1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (erythromycin ethylsuccinate)
EASIVENT HOLDING CHAMBER SPACER	T2	

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Drug Name	Drug Tier	Requirements/ Limits
EASY PLUS II HIGH CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY PLUS II TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY STEP BLOOD GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASY STEP HIGH CONTROL SOLN SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY STEP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TALK GLUCOSE TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EASY TALK HIGH CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY TALK PLUS II LOW CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY TALK PLUS II TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH BLU LINK GLUC SYST	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EASY TOUCH BLU LINK TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TOUCH GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TRAK GLUCOSE TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TRAK II BLOOD GLUCOSE MTR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASY TRAK II CTRL SOLN- NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY TRAK II TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TRAK LOW CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EASYGLUCO MONITORING SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EASYGLUCO TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASYMAX 15 LEVEL 2 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX NG KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EASYMAX NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASYMAX STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX V SPEAKING GLUCOSE SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (naproxen)
<i>econazole topical cream</i>	T1	QL
<i>econtra ez oral tablet</i>	T1	QL
<i>econtra one-step oral tablet</i>	T1	QL
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	T1	MM
<i>ecotrin oral tablet, delayed release (dr/ec)</i>	T1	MM
ECOZA TOPICAL FOAM	T3	QL; Preferred Alternatives (econazole nitrate, ciclopirox, ketoconazole, naftifine hcl, oxiconazole nitrate)
EDARBI ORAL TABLET	T2	MM
EDARBYCLOR ORAL TABLET	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
EDECIN ORAL TABLET	T3	ST; BP; MM; Preferred Alternatives (ethacrynic acid)
EDEX INTRACAVERNO SAL KIT	T3	MM; QL; Preferred Alternatives (CAVERJECT, MUSE)
EDLUAR SUBLINGUAL TABLET	T3	QL; Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate)
<i>ed-spaz oral tablet, disintegrating</i>	T1	MM
EDURANT ORAL TABLET	T2	MM
<i>eemt hs oral tablet</i>	T1	MM
<i>eemt oral tablet</i>	T1	MM
<i>efavirenz oral capsule</i>	T1	MM
<i>efavirenz oral tablet</i>	T1	MM
<i>efavirenz-emtricitabine-tenofovir oral tablet</i>	T1	MM
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet</i>	T1	MM
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	T3	MM; Preferred Alternatives (effer-k, klor-con-ef)
<i>effer-k oral tablet, effervescent 25 meq</i>	T1	MM
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (venlafaxine hcl er)

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Drug Name	Drug Tier	Requirements/ Limits
EFFIENT ORAL TABLET	T3	BP; MM; Preferred Alternatives (prasugrel hcl)
EFUDEX TOPICAL CREAM	T3	BP; Preferred Alternatives (fluorouracil)
EGRIFTA SV SUBCUTANEOU S RECON SOLN	T2	PA; SP; MM
ELEMENT COMPACT GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ELEMENT COMPACT NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ELEMENT COMPACT V GLUCOSE MTR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ELEMENT NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ELEMENT TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (levetiracetam)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	MM; QL; Preferred Alternatives (estradiol, estradiol)
<i>eletriptan oral tablet</i>	T1	QL
ELIDEL TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (pimecrolimus)

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; SP; MM
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; SP; MM
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; SP; MM
ELIGARD SUBCUTANEOUS SYRINGE	T2	PA; SP; MM
ELIMITE TOPICAL CREAM	T3	BP; Preferred Alternatives (permethrin)
<i>elinest oral tablet</i>	T1	MM
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	T2	
ELIQUIS ORAL TABLET	T2	MM
<i>elite-ob oral tablet</i>	T1	MM
ELIXOPHYLLIN ORAL ELIXIR	T3	MM; Preferred Alternatives (theophylline anhydrous)
ELLA ORAL TABLET	T2	QL
ELMIRON ORAL CAPSULE	T2	
ELOCTATE INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
<i>eluryng vaginal ring</i>	T1	MM
ELYXYB ORAL SOLUTION	T3	PA; QL; Preferred Alternatives (celecoxib)

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Drug Name	Drug Tier	Requirements/ Limits
EMBRACE BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMBRACE EVO LEVEL 1 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE EVO TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMBRACE GLUCOSE CONTROL LOW SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EMBRACE PRO GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRO TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMBRACE TALK BLOOD GLUCOSE SYS KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE TALK TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMCYT ORAL CAPSULE	T2	
EMEND ORAL CAPSULE 80 MG	T3	BP; Preferred Alternatives (aprepitant)
EMEND ORAL CAPSULE,DOSE PACK	T3	BP; Preferred Alternatives (aprepitant)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	T3	Preferred Alternatives (aprepitant, VARUBI)
EMFLAZA ORAL SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (prednisone, prednisone)
EMFLAZA ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (prednisone, prednisone)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; MM; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	T2	PA; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	T2	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
<i>emtricitabine oral capsule</i>	T1	MM
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	T1	MM
EMTRIVA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (emtricitabine)
EMTRIVA ORAL SOLUTION	T2	MM
EMVERM ORAL TABLET,CHEWABLE	T2	QL
<i>enalapril maleate oral solution</i>	T1	MM
<i>enalapril maleate oral tablet</i>	T1	MM
<i>enalapril-hydrochlorothiazide oral tablet</i>	T1	MM
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
ENBREL MINI SUBCUTANEOUS CARTRIDGE	T2	ST; SP; MM; QL; LA
ENBREL SUBCUTANEOUS SOLUTION	T2	ST; SP; MM; QL; LA
ENBREL SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
<i>endocet oral tablet</i>	T1	PA; QL
ENDOMETRIN VAGINAL INSERT	T2	SP
ENERGIX-B (PF) INTRAMUSCULAR SUSPENSION	T2	
ENERGIX-B (PF) INTRAMUSCULAR SYRINGE	T2	
ENERGIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	T2	
<i>enoxaparin subcutaneous solution</i>	T1	SP
<i>enoxaparin subcutaneous syringe</i>	T1	SP
<i>enpresse oral tablet</i>	T1	MM
<i>enskyce oral tablet</i>	T1	MM
ENSPRYNG SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; LA
ENSTILAR TOPICAL FOAM	T2	QL
<i>entacapone oral tablet</i>	T1	MM
ENTADFI ORAL CAPSULE	T3	PA; QL; Preferred Alternatives (finasteride, tadalafil)
<i>entecavir oral tablet</i>	T1	MM
ENTEREG ORAL CAPSULE	T3	Preferred Alternatives (alvimopan)
ENTRESTO ORAL TABLET	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>enulose oral solution</i>	T1	MM
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	ST; MM; Preferred Alternatives (TACROLIMUS)
EPANED ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (enalapril maleate)
EPCLUSA ORAL PELLETS IN PACKET	T2	ST; SP; MM; QL; LA
EPCLUSA ORAL TABLET	T2	ST; SP; QL; LA
EPIDIOLEX ORAL SOLUTION	T2	PA; SP; MM; LA
EPIDUO FORTE TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (adapalene-benzoyl peroxide)
EPIFOAM TOPICAL FOAM	T3	Preferred Alternatives (hc pramoxine)
<i>epinastine ophthalmic (eye) drops</i>	T1	
<i>epinephrine hcl nasal solution</i>	T1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	T3	QL; Preferred Alternatives (epinephrine, AUVI-Q, AUVI-Q, EPIPEN JR.)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	QL
EPIPEN INJECTION AUTO-INJECTOR	T2	BP; QL
EPIPEN JR INJECTION AUTO-INJECTOR	T2	BP; QL

Drug Name	Drug Tier	Requirements/ Limits
<i>epitol oral tablet</i>	T1	MM
EPIVIR ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (lamivudine)
EPIVIR ORAL TABLET	T3	BP; MM; Preferred Alternatives (lamivudine)
<i>eplerenone oral tablet</i>	T1	MM
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	T3	ST; SP; MM; Preferred Alternatives (ARANESP, PROCRIT)
EPRONTIA ORAL SOLUTION	T3	MM; Preferred Alternatives (topiramate)
<i>eprosartan oral tablet</i>	T1	MM
EPSOLAY TOPICAL CREAM	T3	Preferred Alternatives (azelaic acid, ivermectin, metronidazole, rosula, FINACEA)
EPZICOM ORAL TABLET	T3	BP; MM; Preferred Alternatives (abacavir-lamivudine)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	T3	MM; Preferred Alternatives (carbamazepine, carbamazepine er)
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>ergoloid oral tablet</i>	T1	MM
ERGOMAR SUBLINGUAL TABLET	T3	Preferred Alternatives (ergotamine- caffeine)
<i>ergotamine- caffeine oral tablet</i>	T1	
ERIVEDGE ORAL CAPSULE	T2	PA; SP; MM; QL; LA
ERLEADA ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>erlotinib oral tablet</i>	T1	PA; SP; MM; QL; LA
ERMEZA ORAL SOLUTION	T3	MM; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>errin oral tablet</i>	T1	MM
ERTACZO TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
<i>ery pads topical swab</i>	T1	
<i>erygel topical gel</i>	T1	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; Preferred Alternatives (erythromycin ethylsuccinate)

Drug Name	Drug Tier	Requirements/ Limits
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	T1	
ERY-TAB ORAL TABLET, DELAYE D RELEASE (DR/EC) 500 MG	T3	BP; Preferred Alternatives (ERYTHROMY CIN)
<i>erythrocin (as stearate) oral tablet 250 mg</i>	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>erythromycin ophthalmic (eye) ointment</i>	T1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	T1	
<i>erythromycin oral tablet</i>	T1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	T1	
<i>erythromycin with ethanol topical gel</i>	T1	
<i>erythromycin with ethanol topical solution</i>	T1	
<i>erythromycin- benzoyl peroxide topical gel</i>	T1	
ESBRIET ORAL CAPSULE	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (pirfenidone)
ESBRIET ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (pirfenidone)

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Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate oral solution</i>	T1	MM
<i>escitalopram oxalate oral tablet</i>	T1	MM
ESGIC ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (butalbital/apap/caffeine)
ESGIC ORAL TABLET	T3	ST; BP; Preferred Alternatives (butalbital/apap/caffeine)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	T1	MM; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	T1	MM
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	T1	MM; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	T1	MM
ESPEROCT INTRAVENOUS RECON SOLN	T2	ST; SP; MM
<i>estarylla oral tablet</i>	T1	MM
<i>estazolam oral tablet</i>	T1	
ESTRACE ORAL TABLET	T3	BP; MM; Preferred Alternatives (estradiol)

Drug Name	Drug Tier	Requirements/ Limits
ESTRACE VAGINAL CREAM	T3	BP; MM; Preferred Alternatives (estradiol)
<i>estradiol oral tablet</i>	T1	MM
<i>estradiol transdermal gel in packet</i>	T1	MM; QL
<i>estradiol transdermal patch semiweekly</i>	T1	MM; QL
<i>estradiol transdermal patch weekly</i>	T1	MM; QL
<i>estradiol vaginal cream</i>	T1	MM
<i>estradiol vaginal tablet</i>	T1	MM
<i>estradiol valerate intramuscular oil</i>	T1	MM
<i>estradiol-norethindrone acet oral tablet</i>	T1	MM
ESTRING VAGINAL RING	T2	MM
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	MM; QL; Preferred Alternatives (estradiol, estradiol)
<i>estrogens-methyltestosterone oral tablet</i>	T1	MM
<i>eszopiclone oral tablet</i>	T1	QL
<i>ethacrynic acid oral tablet</i>	T1	MM
<i>ethambutol oral tablet</i>	T1	
<i>ethosuximide oral capsule</i>	T1	MM
<i>ethosuximide oral solution</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacetate estradiol oral tablet</i>	T1	MM
<i>etodolac oral capsule</i>	T1	MM
<i>etodolac oral tablet</i>	T1	MM
<i>etodolac oral tablet extended release 24 hr</i>	T1	MM
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	T1	MM
<i>etoposide oral capsule</i>	T1	
<i>etravirine oral tablet</i>	T1	MM
EUCRISA TOPICAL OINTMENT	T3	QL; Preferred Alternatives (pimecrolimus, tacrolimus)
EULEXIN ORAL CAPSULE	T3	BP; MM
EURAX TOPICAL CREAM	T3	Preferred Alternatives (crotan)
EURAX TOPICAL LOTION	T3	Preferred Alternatives (crotan)
<i>euthyrox oral tablet</i>	T1	MM
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	T3	MM; QL; Preferred Alternatives (estradiol, estradiol)
EVEKEO ODT ORAL TABLET, DISINTEGRATING	T3	MM; Preferred Alternatives (amphetamine sulfate, dextroamphetamine, amphetamine, DYANAVEL XR, MYDAYIS, VYVANSE)

Drug Name	Drug Tier	Requirements/ Limits
EVEKEO ORAL TABLET	T3	BP; MM; Preferred Alternatives (amphetamine sulfate)
EVENCARE G2	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EVENCARE G2 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
EVENCARE G3 GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EVENCARE G3 TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EVENCARE MINI GLUCOSE TEST STR STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EVENCARE MINI MONITOR SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EVENCARE PROVIEW TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>everolimus (antineoplastic) oral tablet</i>	T1	ST; SP; MM; QL; LA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	T1	ST; SP; MM; QL; LA
<i>everolimus (immunosuppressi ve) oral tablet</i>	T1	MM; LA
EVISTA ORAL TABLET	T3	BP; MM; Preferred Alternatives (raloxifene hcl)

Drug Name	Drug Tier	Requirements/ Limits
EVOCLIN TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (clindamycin phosphate)
EVOLUTION BLOOD GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EVOLUTION NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EVOLUTION TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EVOTAZ ORAL TABLET	T3	MM; Preferred Alternatives (atazanavir sulfate, lopinavir- ritonavir, ritonavir, NORVIR)
EVOXAC ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (cevimeline hcl)
EVRYSDI ORAL RECON SOLN	T3	PA; SP; MM; QL; Preferred Alternatives (SPINRAZA)
EXELDERM TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
EXELDERM TOPICAL SOLUTION	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	T3	BP; MM; Preferred Alternatives (rivastigmine)
<i>exemestane oral tablet</i>	T1	MM
EXFORGE HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (amlodipine- valsartan-hctz)

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Drug Name	Drug Tier	Requirements/ Limits
EXFORGE ORAL TABLET	T3	BP; MM; Preferred Alternatives (amlodipine- valsartan)
EXJADE ORAL TABLET, DISPERSIBLE	T3	ST; SP; BP; MM; LA; Preferred Alternatives (deferiasirox)
EXKIVITY ORAL CAPSULE	T2	PA; SP; MM; QL; LA
EXSERVAN ORAL FILM	T3	PA; SP; MM; Preferred Alternatives (riluzole)
EXTAVIA SUBCUTANEOU S KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (AVONEX ADMINISTRATI ON PACK, BETASERON, PLEGRIDY, REBIF)
EXTAVIA SUBCUTANEOU S RECON SOLN	T3	ST; SP; MM; QL; LA; Preferred Alternatives (AVONEX ADMINISTRATI ON PACK, BETASERON, PLEGRIDY, REBIF)
EXTINA TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (ketoconazole)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	PA; QL; Preferred Alternatives (loteprednol etabonate, artificial tears)

Drug Name	Drug Tier	Requirements/ Limits
EZ SMART PLUS SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EZ SMART PLUS TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EZ SMART SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
EZ SMART TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	T3	MM; QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
<i>ezetimibe oral tablet</i>	T1	MM
EZETIMIBE-ROSUVASTATIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
<i>ezetimibe-simvastatin oral tablet</i>	T1	MM; QL
FABIOR TOPICAL FOAM	T3	PA; Preferred Alternatives (tazarotene, tretinoin)

Drug Name	Drug Tier	Requirements/ Limits
FACTIVE ORAL TABLET	T3	Preferred Alternatives (ciprofloxacin hcl, levofloxacin, moxifloxacin hcl, ofloxacin)
<i>falmina (28) oral tablet</i>	T1	MM
<i>famciclovir oral tablet</i>	T1	MM; QL
<i>famotidine oral suspension</i>	T1	MM
<i>famotidine oral tablet 40 mg</i>	T1	MM
FANAPT ORAL TABLET	T3	MM; Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
FANAPT ORAL TABLETS, DOSE PACK	T3	Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
FARESTON ORAL TABLET	T3	BP; MM; Preferred Alternatives (toremifene citrate)
FARXIGA ORAL TABLET	T2	PA; MM; QL
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
FC2 FEMALE CONDOM	T2	
<i>febuxostat oral tablet</i>	T1	MM
<i>felbamate oral suspension</i>	T1	MM
<i>felbamate oral tablet</i>	T1	MM
FELBATOL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (felbamate)
FELBATOL ORAL TABLET	T3	BP; MM; Preferred Alternatives (felbamate)
FELDENE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (piroxicam)
<i>felodipine oral tablet extended release 24 hr</i>	T1	MM
<i>fem ph vaginal gel</i>	T1	
FEMARA ORAL TABLET	T3	BP; MM; Preferred Alternatives (letrozole)
FEMCAP VAGINAL DEVICE 22 MM	T2	
FEMRING VAGINAL RING	T3	MM; Preferred Alternatives (ESTRADIOL, ESTRADIOL, ESTRADIOL, YUVAFEM, ESTRING, PREMARIN, PREMARIN)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	T3	MM; Preferred Alternatives (fenofibrate, fenofibric acid)
<i>fenofibrate nanocrystallized oral tablet</i>	T1	MM
FENOFIBRATE ORAL CAPSULE	T3	MM; Preferred Alternatives (fenofibrate, fenofibric acid)
<i>fenofibrate oral tablet 160 mg, 40 mg, 54 mg</i>	T1	MM
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	T1	MM
<i>fenofibric acid oral tablet</i>	T1	MM
FENOGLIDE ORAL TABLET	T3	BP; MM; Preferred Alternatives (fenofibrate)
FENOPROFEN ORAL CAPSULE 200 MG	T3	MM; Preferred Alternatives (fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
<i>fenoprofen oral capsule 400 mg</i>	T1	MM
<i>fenoprofen oral tablet</i>	T1	MM
<i>fentanyl citrate buccal lozenge on a handle</i>	T1	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	T3	PA; QL; Preferred Alternatives (fentanyl citrate)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl transdermal patch 72 hour</i>	T1	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT	T3	PA; QL; Preferred Alternatives (fentanyl citrate)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	T2	ST; SP; MM
FERRIPROX ORAL SOLUTION	T2	ST; SP; MM
FERRIPROX ORAL TABLET 1,000 MG	T3	ST; SP; BP; MM; Preferred Alternatives (deferiprone (3 times a day))
FERRIPROX ORAL TABLET 500 MG	T3	ST; SP; BP; MM; Preferred Alternatives (deferiprone)
<i>fesoterodine oral tablet extended release 24 hr</i>	T1	MM
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	T2	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	T2	MM
FIASP FLEXTouch U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)

Drug Name	Drug Tier	Requirements/ Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
FIBRICOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (fenofibric acid)
FILSPARI ORAL TABLET	T3	PA; SP; MM; QL; Preferred Alternatives (benazepril hcl, candesartan cilexetil, irbesartan, lisinopril, losartan potassium, ramipril, valsartan)
FINACEA TOPICAL FOAM	T2	
FINACEA TOPICAL GEL	T3	BP; Preferred Alternatives (azelaic acid)
<i>finasteride oral tablet 5 mg</i>	T1	MM
<i> fingolimod oral capsule</i>	T1	ST; SP; MM; QL; LA
FINTEPLA ORAL SOLUTION	T3	PA; SP; MM; Preferred Alternatives (DIACOMIT, EPIDIOLEX)
<i>finzala oral tablet, chewable</i>	T1	MM
FIORICET ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (butalbital/apap/caffeine)
FIORICET WITH CODEINE ORAL CAPSULE	T3	PA; BP; QL; Preferred Alternatives (butalbital/caff/a pap/codeine)

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Drug Name	Drug Tier	Requirements/ Limits
FIRAZYR SUBCUTANEOUS SYRINGE	T3	ST; SP; BP; QL; LA; Preferred Alternatives (icatibant)
FIRDAPSE ORAL TABLET	T2	PA; SP; MM; LA
FIRVANQ ORAL RECON SOLN	T3	QL; Preferred Alternatives (vancomycin hcl)
<i>flac otic oil otic (ear) drops</i>	T1	
FLAGYL ORAL CAPSULE	T3	BP; Preferred Alternatives (metronidazole)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)
<i>flavoxate oral tablet</i>	T1	MM
<i>flecainide oral tablet</i>	T1	MM
FLECTOR TRANSDERMAL PATCH 12 HOUR	T2	QL
FLEQSUVY ORAL SUSPENSION	T3	ST; BP; MM; Preferred Alternatives (baclofen)
FLEXICHAMBER SPACER	T2	

Drug Name	Drug Tier	Requirements/ Limits
FLOLIPID ORAL SUSPENSION	T3	MM; QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
FLOMAX ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (tamsulosin hcl)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	T2	MM; QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	T2	MM; QL
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE	T2	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	T2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole oral suspension for reconstitution</i>	T1	
<i>fluconazole oral tablet</i>	T1	
<i>flucytosine oral capsule</i>	T1	
<i>fludrocortisone oral tablet</i>	T1	MM
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUMADINE ORAL TABLET	T3	BP; Preferred Alternatives (rimantadine hcl)
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE	T2	
<i>flunisolide nasal spray, non-aerosol</i>	T1	MM; QL
<i>fluocinolone acetonide oil otic (ear) drops</i>	T1	
<i>fluocinolone and shower cap scalp oil</i>	T1	
<i>fluocinolone topical cream</i>	T1	
<i>fluocinolone topical oil</i>	T1	
<i>fluocinolone topical ointment</i>	T1	
<i>fluocinolone topical solution</i>	T1	
<i>fluocinonide topical cream</i>	T1	QL
<i>fluocinonide topical gel</i>	T1	QL
<i>fluocinonide topical ointment</i>	T1	QL
<i>fluocinonide topical solution</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide-e topical cream</i>	T1	QL
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	T3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	T1	
<i>fluoride (sodium) dental cream</i>	T1	MM
<i>fluoride (sodium) dental gel</i>	T1	MM
<i>fluoride (sodium) dental paste</i>	T1	MM
<i>fluoride (sodium) dental solution</i>	T1	MM
<i>fluoride (sodium) oral drops</i>	T1	MM
<i>fluoride (sodium) oral tablet, chewable</i>	T1	MM
FLUORIDEX DAILY DEFENSE DENTAL PASTE	T3	MM
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	MM; Preferred Alternatives (denta 5000 plus, sf 5000 plus)
FLUORIMAX 5000 DENTAL PASTE	T3	MM
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	T3	MM
<i>fluorometholone ophthalmic (eye) drops, suspension</i>	T1	
FLUOROPLEX TOPICAL CREAM	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)

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Drug Name	Drug Tier	Requirements/ Limits
FLUOROURACIL TOPICAL CREAM 0.5 %	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution</i>	T1	
<i>fluoxetine oral capsule</i>	T1	MM
<i>fluoxetine oral capsule, delayed release(drlec)</i>	T1	MM
<i>fluoxetine oral solution</i>	T1	MM
<i>fluoxetine oral tablet</i>	T1	MM
<i>fluphenazine hcl oral concentrate</i>	T1	MM
<i>fluphenazine hcl oral elixir</i>	T1	MM
<i>fluphenazine hcl oral tablet</i>	T1	MM
<i>flurandrenolide topical cream</i>	T1	QL
<i>flurandrenolide topical lotion</i>	T1	QL
<i>flurandrenolide topical ointment</i>	T1	QL
<i>flurbiprofen oral tablet 100 mg</i>	T1	MM
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
FLUTICASONE FUROATE- VILANTEROL INHALATION BLISTER WITH DEVICE	T3	MM; QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
<i>fluticasone propionate nasal spray, suspension</i>	T1	MM; QL
<i>fluticasone propionate topical cream</i>	T1	
<i>fluticasone propionate topical lotion</i>	T1	
<i>fluticasone propionate topical ointment</i>	T1	
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	T1	MM; QL
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
<i>fluvastatin oral capsule</i>	T1	MM; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	T1	MM; QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	T1	MM
<i>fluvoxamine oral tablet</i>	T1	MM
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE	T2	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	T2	

Drug Name	Drug Tier	Requirements/ Limits
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	BP; Preferred Alternatives (fluorometholone)
FOCALIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (dexmethylphenidate hcl)
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50	T3	BP; MM; Preferred Alternatives (dexmethylphenidate hcl er)
<i>folic acid oral tablet</i>	T1	MM
<i>folitab oral tablet extended release</i>	T1	
<i>folivane-ob oral capsule</i>	T1	MM
<i>foltabs 800 oral tablet</i>	T1	MM
<i>fondaparinux subcutaneous syringe</i>	T1	SP

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Drug Name	Drug Tier	Requirements/ Limits
FORA 6 CONNECT GLUCOSE STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA D10 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA D15 GLUCOSE-BP MONITOR DEVICE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORA D15G STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA D20 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA D20 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
FORA D40D GLUCOSE-BP MONITOR DEVICE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA D40-G31 TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA G20 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORA G20 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA G30A	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA G30- PREMIUM V10 TEST STRP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
FORA GD50 BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA GD50 TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA GTEL GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	T3	MM
FORA KETONE CONTROL SOLN- L1 SOLUTION	T3	MM
FORA NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
FORA PREMIUM V10 GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA TEST N'GO VOICE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
FORA TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA TN'G ADVAN PRO TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA TN'G ADVANCE PRO MONITOR DEVICE	T3	MM

Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G VOICE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA TN'G VOICE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA TN'GO ADVANCE MONITOR DEVICE	T3	MM

Drug Name	Drug Tier	Requirements/ Limits
FORA V10 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA V10 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA V10-V12-D10-D20 STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORA V12 BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA V12 GLUCOSE STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA V20 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
FORA V20 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA V30A KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORACARE GD20 GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD20 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORACARE GD40 TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORACARE GD40A GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD40B GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORACARE GDH LOW CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (bupropion xl)
<i>formoterol fumarate inhalation solution for nebulization</i>	T1	MM; QL
FORTEO SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; MM; QL; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	BP; MM; QL; Preferred Alternatives (testosterone)

Drug Name	Drug Tier	Requirements/ Limits
FORTISCARE G1 TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORTISCARE GLUCOSE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORTISCARE NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
FORTISCARE T1 BLOOD GLUC SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FOSAMAX ORAL TABLET 70 MG	T3	BP; MM; QL; Preferred Alternatives (alendronate sodium)
FOSAMAX PLUS D ORAL TABLET	T3	MM; QL; Preferred Alternatives (alendronate sodium)
<i>fosamprenavir oral tablet</i>	T1	MM
<i>fosfomycin tromethamine oral packet</i>	T1	
<i>fosinopril oral tablet</i>	T1	MM
<i>fosinopril- hydrochlorothiazid e oral tablet</i>	T1	MM
FOSRENOL ORAL POWDER IN PACKET	T3	MM; QL; Preferred Alternatives (lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO)

Drug Name	Drug Tier	Requirements/ Limits
FOSRENOL ORAL TABLET,CHEWA BLE	T3	BP; MM; QL; Preferred Alternatives (lanthanum carbonate)
FOTIVDA ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (CABOMETYX, INLYTA, LENVIMA)
FRAGMIN SUBCUTANEOU S SOLUTION	T2	SP
FRAGMIN SUBCUTANEOU S SYRINGE	T2	SP
FREESTYLE CONTROL SOLUTION	T2	MM
FREESTYLE FLASH SYSTEM KIT	T2	MM
FREESTYLE FREEDOM KIT	T2	MM
FREESTYLE FREEDOM LITE KIT	T2	MM
FREESTYLE INSULINX	T2	MM
FREESTYLE INSULINX STRIP	T2	MM
FREESTYLE INSULINX TEST STRIPS STRIP	T2	MM
FREESTYLE LIBRE 14 DAY READER	T2	PA; MM
FREESTYLE LIBRE 14 DAY SENSOR KIT	T2	PA; MM; QL
FREESTYLE LIBRE 2 READER	T2	PA; MM
FREESTYLE LIBRE 2 SENSOR KIT	T2	PA; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3 SENSOR DEVICE	T2	PA; MM; QL
FREESTYLE LITE METER KIT	T2	MM
FREESTYLE LITE STRIPS STRIP	T2	MM
FREESTYLE PRECISION NEO METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FREESTYLE PRECISION NEO STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FREESTYLE SIDEKICK II KIT	T2	MM
FREESTYLE SYSTEM KIT KIT	T2	MM
FREESTYLE TEST STRIP	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
FROVA ORAL TABLET	T3	BP; QL; Preferred Alternatives (frovatriptan succinate)
<i>frovatriptan oral tablet</i>	T1	QL
<i>full spectrum b-vitamin c oral tablet</i>	T1	MM
FULPHILA SUBCUTANEOUS SYRINGE	T2	ST; SP; QL
FURADANTIN ORAL SUSPENSION	T3	BP; Preferred Alternatives (nitrofurantoin)
FUROSCIX SUBCUTANEOUS KIT	T3	ST; Preferred Alternatives (bumetanide, furosemide, torsemide)
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	T1	MM
<i>furosemide oral tablet</i>	T1	MM
FUZEON SUBCUTANEOUS RECON SOLN	T2	MM; QL
<i>fyavolv oral tablet</i>	T1	MM
FYCOMPA ORAL SUSPENSION	T2	MM
FYCOMPA ORAL TABLET	T2	MM
FYLNETRA SUBCUTANEOUS SYRINGE	T3	ST; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, NYVEPRIA, UDENYCA, ZIEXTENZO)
<i>g tussin ac oral liquid</i>	T1	
<i>gabapentin oral capsule</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	T1	MM
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	MM
GALAFOLD ORAL CAPSULE	T3	PA; SP; MM; QL; Preferred Alternatives (FABRAZYME)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	T1	MM
<i>galantamine oral solution</i>	T1	MM
<i>galantamine oral tablet</i>	T1	MM
GALZIN ORAL CAPSULE	T3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	T2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	T2	
GASTROCROM ORAL CONCENTRATE	T3	BP; MM; Preferred Alternatives (cromolyn sodium)
<i>gatifloxacin ophthalmic (eye) drops</i>	T1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	T3	PA; SP; MM; Preferred Alternatives (diphenoxylate w/atropine, loperamide hcl, opium, PAREGORIC)
<i>gavilax oral powder</i>	T1	
<i>gavilyte-c oral recon soln</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>gavilyte-g oral recon soln</i>	T1	
GAVRETO ORAL CAPSULE	T2	PA; SP; MM; QL; LA
GE100 BLOOD GLUCOSE SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GE100 CONTROL SOLUTION NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
GE333 BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>gefitinib oral tablet</i>	T1	PA; SP; MM; QL; LA
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	T3	
GELNIQUE TRANSDERMAL GEL IN PACKET	T2	MM; QL
GELX MUCOUS MEMBRANE GEL	T3	
<i>gemfibrozil oral tablet</i>	T1	MM
<i>gemmily oral capsule</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
GEMTESA ORAL TABLET	T3	MM; Preferred Alternatives (darifenacin er, fesoterodine fumarate er, oxybutynin chloride er, tolterodine tartrate er, trospium chloride, MYRBETRIQ)
GENERESS FE ORAL TABLET,CHEWABLE	T3	BP; MM; Preferred Alternatives (kaitlib fe, layolis fe, norethindrone-e.estradiol-iron)
<i>generlac oral solution</i>	T1	MM
<i>gengraf oral capsule</i>	T1	MM
<i>gengraf oral solution</i>	T1	MM
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T2	ST; SP; MM; LA
GENSTRIP TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<i>gentamicin topical cream</i>	T1	QL
<i>gentamicin topical ointment</i>	T1	QL
GENTEEL VACUUM LANCING DEVICE COMBO PACK	T3	MM
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	T1	
<i>gentlelax oral powder</i>	T1	
GENVOYA ORAL TABLET	T2	MM
GEODON ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (ziprasidone hcl)
GILENYA ORAL CAPSULE 0.25 MG	T3	ST; SP; MM; QL; LA
GILENYA ORAL CAPSULE 0.5 MG	T3	ST; SP; BP; MM; QL; LA
GILOTRIF ORAL TABLET	T2	PA; SP; MM; QL; LA
GIMOTI NASAL SPRAY WITH PUMP	T3	SP
<i>glatiramer subcutaneous syringe</i>	T1	ST; SP; MM; QL; LA
<i>glatopa subcutaneous syringe</i>	T1	ST; SP; MM; QL; LA
GLEEVEC ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (imatinib mesylate)

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE ORAL CAPSULE	T2	LA
<i>glimepiride oral tablet</i>	T1	MM
<i>glipizide oral tablet</i>	T1	MM
<i>glipizide oral tablet extended release 24hr</i>	T1	MM
<i>glipizide-metformin oral tablet</i>	T1	MM
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN	T2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	T3	QL; Preferred Alternatives (glucagon emergency kit, BAQSIMI, GVOKE)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	T3	QL; Preferred Alternatives (glucagon emergency kit, BAQSIMI, GVOKE)
<i>glucagon emergency kit (human) injection recon soln</i>	T1	QL
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	T3	

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Drug Name	Drug Tier	Requirements/ Limits
GLUCO NAVII GLUCOSE MONITOR KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCO NAVII TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCARD 01 METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01 NORMAL CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GLUCOCARD 01 SENSOR PLUS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCARD EXPRESSION	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD EXPRESSION STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCARD SHINE CONNEX METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD SHINE EXPRESS METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD SHINE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCARD SHINE XL METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD VITAL KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD VITAL SENSOR STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCARD VITAL TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM BLOOD GLUCOSE KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCOM CONTROL NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GLUCOCOM GLUCOSE STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (glipizide er)
<i>glyburide micronized oral tablet</i>	T1	MM
<i>glyburide oral tablet</i>	T1	MM
<i>glyburide-metformin oral tablet</i>	T1	MM
GLYCATO ORAL TABLET	T3	MM; Preferred Alternatives (glycopyrrolate)
<i>glycopyrrolate oral solution</i>	T1	MM
<i>glycopyrrolate oral tablet</i>	T1	MM
GLYNASE ORAL TABLET	T3	BP; MM; Preferred Alternatives (glyburide micronized)
GLYXAMBI ORAL TABLET	T2	PA; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
GM100 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GM100 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	T3	MM
GOJJI MULTI-FUNCTIONAL METER KIT	T3	MM
GOLYTELY ORAL RECON SOLN	T3	BP; Preferred Alternatives (gavilyte-g, peg 3350-electrolyte)
GONITRO SUBLINGUAL POWDER IN PACKET	T3	MM; Preferred Alternatives (nitroglycerin, nitroglycerin)
GOPRELTO NASAL SOLUTION	T3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (gabapentin, pregabalin, pregabalin er)
<i>granisetron hcl oral tablet</i>	T1	
GRANIX SUBCUTANEOUS SOLUTION	T2	ST; SP
GRANIX SUBCUTANEOUS SYRINGE	T2	ST; SP
GRASTEK SUBLINGUAL TABLET	T2	PA; MM
<i>griseofulvin microsize oral suspension</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize oral tablet</i>	T1	
<i>griseofulvin ultramicrosize oral tablet</i>	T1	
<i>guanfacine oral tablet</i>	T1	MM
<i>guanfacine oral tablet extended release 24 hr</i>	T1	MM
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	T2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	T2	QL
GVOKE SUBCUTANEOUS SOLUTION	T2	QL
GYNAZOLE-1 VAGINAL CREAM	T3	Preferred Alternatives (terconazole)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, AMJEVITA AUTOINJECTOR, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
HADLIMA SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF), AMJEVITA, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF))

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Drug Name	Drug Tier	Requirements/ Limits
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, AMJEVITA AUTOINJECTOR, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
HADLIMA(CF) SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF), AMJEVITA, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF))
HAEGARDA SUBCUTANEOUS RECON SOLN	T3	ST; SP; MM; QL; Preferred Alternatives (CINRYZE, TAKHZYRO)
<i>hailey 24 fe oral tablet</i>	T1	MM
<i>hailey fe 1.5/30 (28) oral tablet</i>	T1	MM
<i>hailey fe 1/20 (28) oral tablet</i>	T1	MM
<i>hailey oral tablet</i>	T1	MM
<i>halcinonide topical cream</i>	T1	
HALCION ORAL TABLET 0.25 MG	T3	BP; Preferred Alternatives (triazolam)
<i>halobetasol propionate topical cream</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
HALOBETASOL PROPIONATE TOPICAL FOAM	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
<i>halobetasol propionate topical ointment</i>	T1	
<i>haloette vaginal ring</i>	T1	MM
HALOG TOPICAL CREAM	T3	BP; Preferred Alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
HALOG TOPICAL OINTMENT	T3	Preferred Alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
HALOG TOPICAL SOLUTION	T3	Preferred Alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)

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Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate oral concentrate</i>	T1	MM
<i>haloperidol oral tablet</i>	T1	MM
HARMONY GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
HARVONI ORAL PELLETS IN PACKET	T2	ST; SP; QL; LA
HARVONI ORAL TABLET	T2	ST; SP; QL; LA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	T2	
HEALTHPRO GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHPRO HIGH-LOW CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
HEALTHPRO TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>heather oral tablet</i>	T1	MM
HEMADY ORAL TABLET	T3	ST; Preferred Alternatives (dexamethasone)
HEMANGEOL ORAL SOLUTION	T3	SP; Preferred Alternatives (propranolol hcl)
HEMLIBRA SUBCUTANEOUS SOLUTION	T2	PA; SP; MM; LA
<i>hemmorex-hc rectal suppository</i>	T1	
<i>hep flush-10 (pf) intravenous solution</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	T3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	T1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	T1	
<i>heparin (porcine) injection cartridge</i>	T1	
<i>heparin (porcine) injection solution</i>	T1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	T1	
<i>heparin lock flush (porcine) intravenous solution</i>	T1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	T1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	T1	
<i>heparin, porcine (pf) injection solution</i>	T1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	T3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	T1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	T1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	T3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (ENERGIX-B, PREHEVBRIO, RECOMBIVAX HB)
HEPSERA ORAL TABLET	T3	BP; Preferred Alternatives (adefovir dipivoxil)
<i>her style oral tablet</i>	T1	QL
HETLIOZ LQ ORAL SUSPENSION	T3	PA; SP; MM; QL
HETLIOZ ORAL CAPSULE	T3	PA; SP; BP; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	T2	
HIPREX ORAL TABLET	T3	BP; Preferred Alternatives (methenamine hippurate)
HISTEX-AC ORAL SYRUP	T3	Preferred Alternatives (promethazine vc w/codeine)
HIZENTRA SUBCUTANEOUS SOLUTION	T3	PA; SP; MM; LA; Preferred Alternatives (XEMBIFY)
HIZENTRA SUBCUTANEOUS SYRINGE	T3	PA; SP; MM; LA; Preferred Alternatives (XEMBIFY)
<i>homatropaire ophthalmic (eye) drops</i>	T1	MM
HORIZANT ORAL TABLET EXTENDED RELEASE	T3	MM; Preferred Alternatives (gabapentin, pregabalin, pregabalin er)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, AMJEVITA AUTOINJECTO R, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), AMJEVITA, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF))

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	T2	MM
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	T2	MM
HUMALOG MIX 50-50 INSULN U- 100 SUBCUTANEOUS SUSPENSION	T2	MM
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	MM
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	MM
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION	T2	MM
HUMALOG TEMPO PEN(U- 100)INSULN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U- 100)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T2	MM
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM
HUMATIN ORAL CAPSULE	T3	SP
HUMATROPE INJECTION CARTRIDGE	T2	ST; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; QL; LA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; QL; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T2	ST; SP; MM; QL; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	T2	ST; SP; MM; QL; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	T2	ST; SP; QL; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; QL; LA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; QL; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T2	ST; SP; MM; QL; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	T2	ST; SP; MM; QL; LA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	T2	MM
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	MM
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	MM
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	T2	MM
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	T2	MM
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	T2	MM
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	MM
HYCAMTIN ORAL CAPSULE	T2	PA; SP
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	T3	BP; Preferred Alternatives (hydrocodone/homatropine)

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Drug Name	Drug Tier	Requirements/ Limits
HYCODAN (WITH HOMATROPINE) ORAL TABLET	T3	BP; Preferred Alternatives (hydrocodone/homatropine)
<i>hydralazine oral tablet</i>	T1	MM
HYDREA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (hydroxyurea)
<i>hydrochlorothiazide oral capsule</i>	T1	MM
<i>hydrochlorothiazide oral tablet</i>	T1	MM
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	T1	PA; QL
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr</i>	T1	PA; QL
<i>hydrocodone-acetaminophen oral solution</i>	T1	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	PA; QL
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	T1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	
<i>hydrocodone-homatropine oral tablet</i>	T1	
<i>hydrocodone-ibuprofen oral tablet</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone acetate rectal suppository</i>	T1	
<i>hydrocortisone butyrate topical cream</i>	T1	QL
<i>hydrocortisone butyrate topical lotion</i>	T1	QL
<i>hydrocortisone butyrate topical ointment</i>	T1	QL
<i>hydrocortisone butyrate topical solution</i>	T1	QL
<i>hydrocortisone butyr-emollient topical cream</i>	T1	QL
<i>hydrocortisone oral tablet</i>	T1	MM
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone topical cream 2.5 %</i>	T1	
<i>hydrocortisone topical cream with perineal applicator</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate topical cream</i>	T1	
<i>hydrocortisone valerate topical ointment</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	T1	
<i>hydrocortisone-pramoxine rectal cream</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY	T3	Preferred Alternatives (hydrocortisone acetate, hc pramoxine)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	T1	
<i>hydromet oral syrup</i>	T1	
<i>hydromorphone oral liquid</i>	T1	PA; QL
<i>hydromorphone oral tablet</i>	T1	PA; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	T1	PA; QL
<i>hydromorphone rectal suppository</i>	T1	PA; QL
<i>hydroxychloroquine oral tablet</i>	T1	MM
<i>hydroxyurea oral capsule</i>	T1	MM
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule</i>	T1	
HYFTOR TOPICAL GEL	T3	PA; SP; MM
<i>hyoscyamine sulfate oral drops</i>	T1	MM
<i>hyoscyamine sulfate oral elixir</i>	T1	MM
<i>hyoscyamine sulfate oral tablet</i>	T1	MM
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	T1	MM
<i>hyoscyamine sulfate sublingual tablet</i>	T1	MM
<i>hyosyne oral drops</i>	T1	MM
<i>hyosyne oral elixir</i>	T1	MM
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	T3	Preferred Alternatives (sodium chloride)
HYQVIA SUBCUTANEOUS SOLUTION	T3	PA; SP; MM; Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; LA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	T2	ST; SP; MM; LA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	T2	ST; SP; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ(CF) SUBCUTANEOU S SYRINGE	T2	ST; SP; MM; LA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.2 4 HR	T2	PA; BP; QL
HYZAAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (losartan- hydrochlorothiaz ide)
<i>ibandronate oral tablet</i>	T1	MM; QL
IBRANCE ORAL CAPSULE	T2	ST; SP; MM; QL; LA
IBRANCE ORAL TABLET	T2	ST; SP; MM; QL; LA
IBSRELA ORAL TABLET	T3	MM; Preferred Alternatives (lubiprostone, LINZESS, TRULANCE)
<i>ibu oral tablet</i>	T1	MM
<i>ibuprofen oral suspension</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	MM
<i>ibuprofen- famotidine oral tablet</i>	T1	MM
<i>icatibant subcutaneous syringe</i>	T1	ST; SP; QL; LA
<i>iclevia oral tablets,dose pack,3 month</i>	T1	MM
ICLUSIG ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>icosapent ethyl oral capsule</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, AMJEVITA AUTOINJECTO R, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, AMJEVITA AUTOINJECTO R, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
IDACIO(CF) PEN SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, AMJEVITA AUTOINJECTO R, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
IDACIO(CF) SUBCUTANEOU S SYRINGE KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), AMJEVITA, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF))
IDELVION INTRAVENOUS RECON SOLN	T3	PA; SP; MM; LA; Preferred Alternatives (ALPROLIX)

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Drug Name	Drug Tier	Requirements/ Limits
IDHIFA ORAL TABLET	T2	PA; SP; MM; QL; LA
IFE-BIMIX 30/1 INTRACAVERNO SAL SOLUTION	T3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
IGLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ILET INSULIN PUMP	T3	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>imatinib oral tablet</i>	T1	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA ORAL CAPSULE	T2	ST; SP; MM; QL; LA
IMBRUVICA ORAL SUSPENSION	T2	ST; SP; MM; QL; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T2	ST; SP; MM; QL; LA
IMCIVREE SUBCUTANEOUS SOLUTION	T3	PA; SP; MM; QL
<i>imipramine hcl oral tablet</i>	T1	MM
<i>imipramine pamoate oral capsule</i>	T1	MM
<i>imiquimod topical cream in metered-dose pump</i>	T1	
<i>imiquimod topical cream in packet</i>	T1	
IMITREX NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (sumatriptan)
IMITREX ORAL TABLET	T3	BP; QL; Preferred Alternatives (sumatriptan succinate)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	T3	BP; QL; Preferred Alternatives (sumatriptan succinate)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	T3	BP; QL; Preferred Alternatives (sumatriptan succinate)
IMPAVIDO ORAL CAPSULE	T2	PA; QL
IMURAN ORAL TABLET	T3	BP; MM; Preferred Alternatives (azathioprine)

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Drug Name	Drug Tier	Requirements/ Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	T3	MM; QL; Preferred Alternatives (ESTRADIOL, YUVAFEM, PREMARIN, ESTRING)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	T3	QL; Preferred Alternatives (ESTRADIOL, YUVAFEM, PREMARIN, ESTRING)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	T2	PA; SP; MM
<i>incassia oral tablet</i>	T1	MM
INCRELEX SUBCUTANEOU S SOLUTION	T2	PA; SP; MM; LA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
<i>indapamide oral tablet</i>	T1	MM
INDERAL LA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (propranolol hcl er)
INDERAL XL ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	MM; Preferred Alternatives (propranolol hcl er)
<i>indomethacin oral capsule</i>	T1	MM
<i>indomethacin oral capsule, extended release</i>	T1	MM
<i>indomethacin rectal suppository 50 mg</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE	T2	
INFINITY CONTROL SOLUTION NORM SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
INFINITY STARTER KIT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
INFINITY TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	T3	ST; SP; Preferred Alternatives (AUSTEDO)
INGREZZA ORAL CAPSULE	T3	ST; SP; MM; Preferred Alternatives (AUSTEDO)
INLYTA ORAL TABLET	T2	PA; SP; MM; QL; LA
INNOPRAN XL ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	MM; Preferred Alternatives (propranolol hcl er)
INPEFA ORAL TABLET	T3	MM
INQOVI ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (decitabine)
INREBIC ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (JAKAFI)
INSPIRA ORAL TABLET	T3	BP; MM; Preferred Alternatives (eplerenone)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOU S INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOU S SOLUTION	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25)
INSULIN ASPART U-100 SUBCUTANEOU S CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U- 100)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART U-100 SUBCUTANEOU S INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U- 100)
INSULIN ASPART U-100 SUBCUTANEOU S SOLUTION	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
INSULIN DEGLUDEC SUBCUTANEOU S INSULIN PEN 100 UNIT/ML (3 ML)	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
INSULIN DEGLUDEC SUBCUTANEOU S INSULIN PEN 200 UNIT/ML (3 ML)	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-200)
INSULIN DEGLUDEC SUBCUTANEOU S SOLUTION	T3	MM; Preferred Alternatives (LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	T3	MM; Preferred Alternatives (HUMALOG JUNIOR KWIKPEN)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	T2	MM
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	T3	MM; Preferred Alternatives (B-D INSULIN SYRINGE)
INTELENCE ORAL TABLET 100 MG, 200 MG	T3	BP; MM; Preferred Alternatives (etravirine)
INTELENCE ORAL TABLET 25 MG	T2	MM
INTRAROSA VAGINAL INSERT	T3	Preferred Alternatives (ESTRADIOL, YUVAFEM, ESTRING, PREMARIN)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (guanfacine hcl er)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (paliperidone er)

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Drug Name	Drug Tier	Requirements/ Limits
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	Preferred Alternatives (DEXAMETHAS ONE SODIUM PHOSPHATE, FLUOROMETH OLONE, LOTEPREDNO L ETABONATE, PREDNISOLON E ACETATE)
INVOKAMET ORAL TABLET	T2	PA; MM; QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA; MM; QL
INVOKANA ORAL TABLET	T2	PA; MM; QL
<i>iodine-sodium iodide topical tincture 2 %</i>	T1	
IODOSORB TOPICAL GEL	T3	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (brimonidine tartrate)
IPOL INJECTION SUSPENSION	T2	
<i>ipratropium bromide inhalation solution</i>	T1	MM
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	T1	MM; QL
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	T1	QL
<i>ipratropium- albuterol inhalation solution for nebulization</i>	T1	MM; QL
<i>irbesartan oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan- hydrochlorothiazid e oral tablet</i>	T1	MM
IRESSA ORAL TABLET	T2	PA; SP; BP; MM; QL; LA
ISENTRESS HD ORAL TABLET	T2	MM
ISENTRESS ORAL POWDER IN PACKET	T2	MM
ISENTRESS ORAL TABLET	T2	MM
ISENTRESS ORAL TABLET,CHEWA BLE	T2	MM
<i>isibloom oral tablet</i>	T1	MM
<i>isoniazid oral solution</i>	T1	
<i>isoniazid oral tablet</i>	T1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	T3	BP; MM; Preferred Alternatives (atropine sulfate)
ISORDIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE ORAL TABLET 5 MG	T3	BP; MM; Preferred Alternatives (isosorbide dinitrate)
<i>isosorbide dinitrate oral tablet</i>	T1	MM
<i>isosorbide mononitrate oral tablet</i>	T1	MM
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide-hydralazine oral tablet</i>	T1	MM
<i>isotretinoin oral capsule</i>	T1	
<i>isradipine oral capsule</i>	T1	MM
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	T3	BP; MM; Preferred Alternatives (timolol maleate)
ISTURISA ORAL TABLET 1 MG, 5 MG	T3	PA; SP; MM; QL; Preferred Alternatives (SIGNIFOR)
<i>itraconazole oral capsule</i>	T1	
<i>itraconazole oral solution</i>	T1	
<i>ivermectin oral tablet</i>	T1	PA; QL
<i>ivermectin topical cream</i>	T1	QL
IXINITY INTRAVENOUS RECON SOLN	T2	PA; SP; MM; LA
JADENU ORAL TABLET	T3	ST; SP; BP; MM; LA; Preferred Alternatives (deferiasirox)
JADENU SPRINKLE ORAL GRANULES IN PACKET	T3	ST; SP; BP; MM; LA; Preferred Alternatives (deferiasirox)
<i>jaimiess oral tablets, dose pack, 3 month</i>	T1	MM
JAKAFI ORAL TABLET	T2	PA; SP; MM; QL; LA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	BP; MM; Preferred Alternatives (dutasteride- tamsulosin)

Drug Name	Drug Tier	Requirements/ Limits
<i>jantoven oral tablet</i>	T1	MM
JANUMET ORAL TABLET	T2	MM; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	T2	MM; QL
JANUVIA ORAL TABLET	T2	MM; QL
JARDIANCE ORAL TABLET	T2	PA; MM; QL
<i>jasmiel (28) oral tablet</i>	T1	MM
JATENZO ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (testosterone, ANDRODERM)
<i>javygtor oral powder in packet</i>	T1	PA; SP; MM
<i>javygtor oral tablet, soluble</i>	T1	PA; SP; MM
JAYPIRCA ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (CALQUENCE)
JAZZ WIRELESS 2 METER KIT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
JELMYTO INTRA- PYELOALYCEA L KIT	T3	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>jencycla oral tablet</i>	T1	MM
JENTADUETO ORAL TABLET	T2	MM; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	MM; QL
<i>jinteli oral tablet</i>	T1	MM
JIVI INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
JOENJA ORAL TABLET	T3	PA; SP; MM; QL
<i>jolessa oral tablets,dose pack,3 month</i>	T1	MM
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	T3	MM; Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEW ER, QUILLIVANT XR)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	T3	Preferred Alternatives (ciclopirox, tavaborole)
<i>juleber oral tablet</i>	T1	MM
JULUCA ORAL TABLET	T2	MM
<i>junel 1.5/30 (21) oral tablet</i>	T1	MM
<i>junel 1/20 (21) oral tablet</i>	T1	MM
<i>junel fe 1.5/30 (28) oral tablet</i>	T1	MM
<i>junel fe 1/20 (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>junel fe 24 oral tablet</i>	T1	MM
JUST RIGHT 5000 DENTAL PASTE	T3	MM
JUXTAPID ORAL CAPSULE	T2	PA; SP; MM
JYNARQUE ORAL TABLET	T3	PA; SP; MM; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	T3	PA; SP; MM; QL
<i>kaitlib fe oral tablet,chewable</i>	T1	MM
KALETRA ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (lopinavir-ritonavir)
KALETRA ORAL TABLET	T3	BP; MM; Preferred Alternatives (lopinavir-ritonavir)
<i>kalliga oral tablet</i>	T1	MM
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	T2	PA; SP; MM; QL
KALYDECO ORAL TABLET	T2	PA; SP; MM; QL
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	T3	MM; Preferred Alternatives (metoprolol succinate)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; MM; Preferred Alternatives (clonidine hcl er)
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	T3	Preferred Alternatives (carbinoxamine)

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Drug Name	Drug Tier	Requirements/ Limits
<i>kariva (28) oral tablet</i>	T1	MM
KATERZIA ORAL SUSPENSION	T3	MM; Preferred Alternatives (amlodipine besylate)
KAZANO ORAL TABLET	T3	MM; QL; Preferred Alternatives (JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
<i>kelnor 1/35 (28) oral tablet</i>	T1	MM
<i>kelnor 1-50 (28) oral tablet</i>	T1	MM
KENALOG TOPICAL AEROSOL	T3	BP; QL; Preferred Alternatives (triamcinolone acetonide)
KEPPRA ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (levetiracetam)
KEPPRA ORAL TABLET	T3	BP; MM; Preferred Alternatives (levetiracetam)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (levetiracetam)
KERENDIA ORAL TABLET	T2	PA; MM; QL
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	T3	Preferred Alternatives (tavaborole)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
KETAMINE SUBLINGUAL TROCHE	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole oral tablet</i>	T1	
<i>ketoconazole topical cream</i>	T1	QL
<i>ketoconazole topical foam</i>	T1	QL
<i>ketoconazole topical shampoo</i>	T1	QL
<i>ketodan kit topical combo pack</i>	T1	
<i>ketodan topical foam</i>	T1	QL
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T1	MM
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	T1	MM
KETOROLAC NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam)
<i>ketorolac ophthalmic (eye) drops</i>	T1	
<i>ketorolac oral tablet</i>	T1	QL
KEVEYIS ORAL TABLET	T3	PA; SP; BP; MM; Preferred Alternatives (dichlorphenamide)

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Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, REMICADE, RINVOQ, XELJANZ)
KEVZARA SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, REMICADE, RINVOQ, XELJANZ)
KINERET SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, REMICADE, RINVOQ, XELJANZ)
KINRIX (PF) INTRAMUSCULA R SYRINGE	T3	Preferred Alternatives (INFANRIX, PEDIARIX)
KISQALI FEMARA CO- PACK ORAL TABLET	T2	ST; SP; MM; QL
KISQALI ORAL TABLET	T2	ST; SP; MM; QL; LA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	T2	ST; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
KLARITY-A (AZITHRO- CHONDR)(PF) OPHTHALMIC (EYE) DROPS	T3	
KLARITY-L (LOTEPRED- CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	T3	
KLARON TOPICAL SUSPENSION	T3	BP; Preferred Alternatives (sulfacetamide sodium)
KLISYRI TOPICAL OINTMENT IN PACKET	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
KLONOPIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (clonazepam)
<i>klor-con 10 oral tablet extended release</i>	T1	MM
<i>klor-con 8 oral tablet extended release</i>	T1	MM
<i>klor-con m10 oral tablet,er particles/crystals</i>	T1	MM
<i>klor-con m15 oral tablet,er particles/crystals</i>	T1	MM
<i>klor-con m20 oral tablet,er particles/crystals</i>	T1	MM
<i>klor-con oral packet</i>	T1	MM
<i>klor-con/ef oral tablet, effervescent</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
KLOXXADO NASAL SPRAY, NON- AEROSOL	T2	QL
<i>kobee oral tablet</i>	T1	MM
KOGENATE FS INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	T3	MM; QL; Preferred Alternatives (JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
KONVOMEPR ORAL SUSPENSION FOR RECONSTITUTIO N	T3	MM; QL; Preferred Alternatives (dexlansoprazol e dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
KORLYM ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (ketoconazole, LYSODREN, SIGNIFOR)
KOSELUGO ORAL CAPSULE	T3	PA; SP; MM; LA
KOSHER PRENATAL PLUS IRON ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
KOVALTRY INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
K-PHOS NO 2 ORAL TABLET	T3	Preferred Alternatives (phospha 250 neutral, K- PHOS ORIGINAL)
K-PHOS ORIGINAL ORAL TABLET, SOLUBL E	T2	
KRAZATI ORAL TABLET	T3	PA; SP; MM; QL
KRINTAFEL ORAL TABLET	T3	QL; Preferred Alternatives (primaquine generic)
KRISTALOSE ORAL PACKET	T3	MM; Preferred Alternatives (lactulose)
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	MM; Preferred Alternatives (potassium chloride)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	T3	BP; MM
<i>kurvelo (28) oral tablet</i>	T1	MM
KUVAN ORAL POWDER IN PACKET	T3	PA; SP; BP; MM; Preferred Alternatives (sapropterin dihydrochloride)
KUVAN ORAL TABLET, SOLUBL E	T3	PA; SP; BP; MM; Preferred Alternatives (sapropterin dihydrochloride)
KYZATREX ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (testosterone, ANDRODERM)

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Drug Name	Drug Tier	Requirements/ Limits
<i>l</i> <i>norgest/e.estradiol</i> <i>-e.estradiol oral</i> <i>tablets,dose</i> <i>pack,3 month</i>	T1	MM
<i>labetalol oral</i> <i>tablet</i>	T1	MM
<i>lacosamide oral</i> <i>solution</i>	T1	MM
<i>lacosamide oral</i> <i>tablet</i>	T1	MM
LACRISERT OPHTHALMIC (EYE) INSERT	T3	PA; QL; Preferred Alternatives (cyclosporine, RESTASIS MULTIDOSE)
<i>lactated ringers</i> <i>irrigation solution</i>	T1	
<i>lactulose oral</i> <i>solution 10</i> <i>gram/15 ml, 20</i> <i>gram/30 ml</i>	T1	MM
LAGEVRIO (EUA) ORAL CAPSULE	T2	QL
LAMICTAL ODT ORAL TABLET,DISINTE GRATING	T3	BP; MM; Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	T3	BP; Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	T3	BP; Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	T3	BP; Preferred Alternatives (lamotrigine odt)

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ORAL TABLET	T3	BP; MM; Preferred Alternatives (lamotrigine)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	T3	BP; MM; Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	T3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	T3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	T3	Preferred Alternatives (lamotrigine)

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Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine oral solution</i>	T1	MM
<i>lamivudine oral tablet</i>	T1	MM
<i>lamivudine-zidovudine oral tablet</i>	T1	MM
<i>lamotrigine oral tablet</i>	T1	MM
<i>lamotrigine oral tablet disintegrating, dose pk</i>	T1	
<i>lamotrigine oral tablet extended release 24hr</i>	T1	MM
<i>lamotrigine oral tablet, chewable dispersible</i>	T1	MM
<i>lamotrigine oral tablet, disintegrating</i>	T1	MM
<i>lamotrigine oral tablets, dose pack</i>	T1	
LAMPIT ORAL TABLET	T3	QL; Preferred Alternatives (BENZNIDAZOLE)
LANCETS 33 GAUGE	T2	MM
LANCING DEVICE	T2	
LANOXIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (digoxin)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	T1	MM
<i>lansoprazole oral tablet, disintegrating, delay rel 15 mg</i>	T1	MM; QL
<i>lansoprazole oral tablet, disintegrating, delay rel 30 mg</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>lanthanum oral tablet, chewable</i>	T1	MM; QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	MM
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM
<i>lapatinib oral tablet</i>	T1	PA; SP; MM; QL; LA
<i>larin 1.5/30 (21) oral tablet</i>	T1	MM
<i>larin 1/20 (21) oral tablet</i>	T1	MM
<i>larin 24 fe oral tablet</i>	T1	MM
<i>larin fe 1.5/30 (28) oral tablet</i>	T1	MM
<i>larin fe 1/20 (28) oral tablet</i>	T1	MM
LASIX ORAL TABLET	T3	ST; BP; MM; Preferred Alternatives (furosemide)
<i>latanoprost ophthalmic (eye) drops</i>	T1	MM
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	T1	
<i>laxative peg 3350 oral powder</i>	T1	
<i>layolis fe oral tablet, chewable</i>	T1	MM
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	T3	ST; SP; QL; LA; Preferred Alternatives (HARVONI)
<i>leena 28 oral tablet</i>	T1	MM
<i>leflunomide oral tablet</i>	T1	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>lenalidomide oral capsule</i>	T1	PA; SP; MM; QL
LENVIMA ORAL CAPSULE	T2	PA; SP; MM; QL; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; QL; Preferred Alternatives (fluvastatin er)
<i>lessina oral tablet</i>	T1	MM
LETAIRIS ORAL TABLET	T3	ST; SP; BP; MM; QL; Preferred Alternatives (ambrisentan)
<i>letrozole oral tablet</i>	T1	MM
<i>leucovorin calcium oral tablet</i>	T1	
LEUKERAN ORAL TABLET	T2	
LEUKINE INJECTION RECON SOLN	T2	PA; SP
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T3	PA; ST; SP; Preferred Alternatives (ELIGARD, FIRMAGON)
<i>leuprolide subcutaneous kit</i>	T1	ST; SP; MM
<i>levalbuterol hcl inhalation solution for nebulization</i>	T1	MM
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ALBUTEROL SULFATE HFA, VENTOLIN HFA)

Drug Name	Drug Tier	Requirements/ Limits
LEVAMLODIPINE ORAL TABLET	T3	MM; Preferred Alternatives (amlodipine besylate, felodipine er, nifedipine er, nisoldipine)
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; MM; Preferred Alternatives (hyoscyamine sulfate)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	T2	MM
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM
<i>levetiracetam oral solution</i>	T1	MM
<i>levetiracetam oral tablet</i>	T1	MM
<i>levetiracetam oral tablet extended release 24 hr</i>	T1	MM
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	MM
<i>levocarnitine (with sugar) oral solution</i>	T1	MM
<i>levocarnitine oral solution 100 mg/ml</i>	T1	MM
<i>levocarnitine oral tablet</i>	T1	MM
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	T1	
<i>levofloxacin oral solution</i>	T1	
<i>levofloxacin oral tablet</i>	T1	
<i>levonest (28) oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel oral tablet</i>	T1	QL
<i>levonorgestrel-ethinyl estrad oral tablet</i>	T1	MM
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	T1	MM
<i>levonorg-eth estrad triphasic oral tablet</i>	T1	MM
<i>levora-28 oral tablet</i>	T1	MM
<i>levo-t oral tablet</i>	T1	MM
LEVOTHYROXIN E ORAL CAPSULE	T3	MM; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>levothyroxine oral tablet</i>	T1	MM
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	MM
LEVSIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (hyoscyamine sulfate)
LEVSIN/SL SUBLINGUAL TABLET	T3	BP; MM; Preferred Alternatives (hyoscyamine sulfate)
LEVULAN TOPICAL SOLUTION	T3	

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO ORAL TABLET	T3	BP; MM; Preferred Alternatives (escitalopram oxalate)
LEXETTE TOPICAL FOAM	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
LEXIVA ORAL SUSPENSION	T2	MM
LEXIVA ORAL TABLET	T3	BP; MM; Preferred Alternatives (fosamprenavir calcium)
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (mesalamine)
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (clidinium w/chlordiazepoxide)
LICART TRANSDERMAL PATCH 24 HOUR	T2	QL
<i>lidocaine hcl laryngotracheal solution</i>	T1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	T3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	T1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	T1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T1	
<i>lidocaine topical ointment</i>	T1	QL
<i>lidocaine viscous mucous membrane solution</i>	T1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	T1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	T1	
<i>lidocaine-prilocaine topical cream</i>	T1	QL
<i>lidocaine-prilocaine topical kit</i>	T1	
<i>lidocort topical cream</i>	T1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	T3	BP; Preferred Alternatives (lidocaine)
<i>lindane topical shampoo</i>	T1	
<i>linezolid oral suspension for reconstitution</i>	T1	
<i>linezolid oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
LINZESS ORAL CAPSULE	T2	MM; QL
<i>liothyronine oral tablet</i>	T1	MM
LIPITOR ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (atorvastatin calcium)
LIPOFEN ORAL CAPSULE	T3	MM; Preferred Alternatives (fenofibrate, fenofibric acid)
LIQREV ORAL SUSPENSION	T3	ST; SP; MM; QL; Preferred Alternatives (sildenafil citrate, tadalafil)
<i>lisinopril oral tablet</i>	T1	MM
<i>lisinopril-hydrochlorothiazide oral tablet</i>	T1	MM
LITEAIRE MDI CHAMBER SPACER	T2	
LITFULO ORAL CAPSULE	T3	PA; SP; MM
<i>lithium carbonate oral capsule</i>	T1	MM
<i>lithium carbonate oral tablet</i>	T1	MM
<i>lithium carbonate oral tablet extended release</i>	T1	MM
LITHOBID ORAL TABLET EXTENDED RELEASE	T3	BP; MM; Preferred Alternatives (lithium carbonate)
LITHOSTAT ORAL TABLET	T3	
LIVALO ORAL TABLET	T2	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
LIVMARLI ORAL SOLUTION	T3	PA; SP; MM; Preferred Alternatives (cholestyramine, rifampin, ursodiol)
LIVTENCITY ORAL TABLET	T3	PA; QL
LO LOESTRIN FE ORAL TABLET	T2	MM
LOCOID LIPOCREAM TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (hydrocortisone butyrate)
LOCOID TOPICAL LOTION	T3	BP; QL; Preferred Alternatives (hydrocortisone butyrate)
LODINE ORAL TABLET	T3	BP; MM
LODOSYN ORAL TABLET	T3	PA; BP; MM; Preferred Alternatives (carbidopa)
LOESTRIN 1.5/30 (21) ORAL TABLET	T3	BP; MM; Preferred Alternatives (aurovela, hailey, junel, larin, microgestin, norethindrone-ethin estradiol)
LOESTRIN 1/20 (21) ORAL TABLET	T3	BP; MM; Preferred Alternatives (aurovela, hailey, junel, larin, microgestin, norethindrone-ethin estradiol)

Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	T3	BP; MM; Preferred Alternatives (aurovela fe, blisovi fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron, tarina fe)
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	T3	BP; MM; Preferred Alternatives (aurovela fe, blisovi fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron, tarina fe)
<i>lofena oral tablet</i>	T1	
<i>lojaimiess oral tablets, dose pack, 3 month</i>	T1	MM
LOKELMA ORAL POWDER IN PACKET	T2	MM; QL
LOMAIRA ORAL TABLET	T3	QL; Preferred Alternatives (phentermine hcl)
LOMOTIL ORAL TABLET	T3	BP; Preferred Alternatives (diphenoxylate w/atropine)
LONSURF ORAL TABLET	T2	PA; SP; LA
LOPID ORAL TABLET	T3	BP; MM; Preferred Alternatives (gemfibrozil)
<i>lopinavir-ritonavir oral solution</i>	T1	MM
<i>lopinavir-ritonavir oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (metoprolol tartrate)
LOPROX (AS OLAMINE) TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (ciclopirox)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	T3	BP; QL; Preferred Alternatives (ciclopirox)
LOPROX KIT TOPICAL COMBO PACK	T3	QL; Preferred Alternatives (ciclopirox)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	T3	QL; Preferred Alternatives (ciclopirox)
<i>lorazepam intensol oral concentrate</i>	T1	
<i>lorazepam oral concentrate</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LORBRENA ORAL TABLET	T2	PA; SP; MM; QL; LA
LOREEV XR ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	Preferred Alternatives (lorazepam)
<i>loryna (28) oral tablet</i>	T1	MM
<i>losartan oral tablet</i>	T1	MM
<i>losartan- hydrochlorothiazid e oral tablet</i>	T1	MM
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	T3	BP; Preferred Alternatives (loteprednol etabonate)

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	BP; Preferred Alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (DEXAMETHAS ONE SODIUM PHOSPHATE, FLUOROMETH OLONE, LOTEPREDNO L ETABONATE, PREDNISOLON E ACETATE)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	T3	Preferred Alternatives (DEXAMETHAS ONE SODIUM PHOSPHATE, FLUOROMETH OLONE, LOTEPREDNO L ETABONATE, PREDNISOLON E ACETATE)
LOTENSIN HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (benazepril hcl- hctz)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	BP; MM; Preferred Alternatives (benazepril hcl)
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	T1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	BP; MM; Preferred Alternatives (amlodipine besylate-benazepril)
LOTREXONE ORAL CAPSULE	T3	
LOTRONEX ORAL TABLET	T3	BP; Preferred Alternatives (alosetron hcl)
<i>lovastatin oral tablet</i>	T1	MM; QL
LOVAZA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (omega-3 acid ethyl esters)
LOVENOX SUBCUTANEOUS SOLUTION	T3	SP; BP; Preferred Alternatives (enoxaparin sodium)
LOVENOX SUBCUTANEOUS SYRINGE	T3	SP; BP; Preferred Alternatives (enoxaparin sodium)
<i>low-ogestrel (28) oral tablet</i>	T1	MM
<i>loxapine succinate oral capsule</i>	T1	MM
<i>lo-zumandimine (28) oral tablet</i>	T1	MM
<i>lubiprostone oral capsule</i>	T1	MM; QL
LUCEMYRA ORAL TABLET	T2	PA; QL
<i>ludent fluoride oral tablet, chewable</i>	T1	MM
<i>lugols oral solution</i>	T1	
<i>lugols topical solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
LULICONAZOLE TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
LUMAKRAS ORAL TABLET	T3	PA; SP; MM; LA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	MM; Preferred Alternatives (bimatoprost, latanoprost, tafluprost, travoprost)
LUMRYZ ORAL EXTEND RELEASE GRANULES, PAC KET	T2	PA; SP; MM
LUNESTA ORAL TABLET	T3	BP; QL; Preferred Alternatives (eszopiclone)
LUPKYNIS ORAL CAPSULE	T2	PA; SP; MM; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	T2	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	T3	PA; ST; SP; MM; Preferred Alternatives (ELIGARD, FIRMAGON)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	T3	PA; ST; SP; MM; Preferred Alternatives (ELIGARD, FIRMAGON)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	T3	PA; ST; SP; MM; Preferred Alternatives (ELIGARD, FIRMAGON)

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	T3	PA; ST; SP; MM; Preferred Alternatives (ELIGARD, FIRMAGON)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	T2	PA; SP; MM
LUPRON DEPOT-PED INTRAMUSCULAR KIT	T2	PA; SP; MM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	T2	PA; SP; MM
<i>lurasidone oral tablet</i>	T1	MM
<i>lutera (28) oral tablet</i>	T1	MM
LUXIQ TOPICAL FOAM	T3	BP; Preferred Alternatives (betamethasone valerate)
LUZU TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)

Drug Name	Drug Tier	Requirements/ Limits
LYBALVI ORAL TABLET	T3	MM; Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
<i>lyleq oral tablet</i>	T1	MM
<i>lyllana transdermal patch semiweekly</i>	T1	MM; QL
LYMEPAK ORAL TABLET	T3	BP
LYNPARZA ORAL TABLET	T2	PA; SP; MM; QL; LA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (pregabalin er)
LYSODREN ORAL TABLET	T2	SP; MM
LYTGOBI ORAL TABLET	T2	PA; SP; MM; LA
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	MM
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	T2	MM
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
LYVISPAH ORAL GRANULES IN PACKET	T3	ST; MM; Preferred Alternatives (baclofen)
<i>lyza oral tablet</i>	T1	MM
MACROBID ORAL CAPSULE	T3	BP; Preferred Alternatives (nitrofurantoin mono-macro)
MACRODANTIN ORAL CAPSULE	T3	BP; Preferred Alternatives (nitrofurantoin)
<i>mafenide acetate topical packet</i>	T1	
<i>magnesium citrate oral solution</i>	T1	
MALARONE ORAL TABLET	T3	BP; QL; Preferred Alternatives (atovaquone-proguanil hcl)
MALARONE PEDIATRIC ORAL TABLET	T3	BP; QL; Preferred Alternatives (atovaquone-proguanil hcl)
<i>malathion topical lotion</i>	T1	
<i>maraviroc oral tablet</i>	T1	MM
MAR-COF CG ORAL LIQUID	T3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
MARINOL ORAL CAPSULE	T3	BP; Preferred Alternatives (dronabinol)
<i>marlissa (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
MARNATAL-F ORAL CAPSULE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
MARPLAN ORAL TABLET	T3	MM; Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
MATULANE ORAL CAPSULE	T2	SP; LA
<i>matzim la oral tablet extended release 24 hr</i>	T1	MM
MAVENCLAD (10 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	T3	ST; SP; MM; QL
MAVYRET ORAL PELLETS IN PACKET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)

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Drug Name	Drug Tier	Requirements/ Limits
MAVYRET ORAL TABLET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
MAXALT ORAL TABLET 10 MG	T3	BP; QL; Preferred Alternatives (rizatriptan)
MAXALT-MLT ORAL TABLET,DISINTE GRATING 10 MG	T3	BP; QL; Preferred Alternatives (rizatriptan)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	Preferred Alternatives (dexamethason e sodium phosphate, difluprednate, fluorometholone , loteprednol etabonate, prednisolone acetate)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	BP; Preferred Alternatives (neo/polymyxin/ dexamethasone)
MAXITROL OPHTHALMIC (EYE) OINTMENT	T3	BP; Preferred Alternatives (neo/polymyxin/ dexamethasone)
<i>maxi-tuss ac oral liquid</i>	T1	
MAXI-TUSS CD ORAL LIQUID	T3	
MAXZIDE ORAL TABLET	T3	BP; MM; Preferred Alternatives (triamterene w/hctz)

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25MG ORAL TABLET	T3	BP; MM; Preferred Alternatives (triamterene w/hctz)
MAYZENT ORAL TABLET	T2	ST; SP; MM; QL; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	T2	ST; SP; QL; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	T2	ST; SP; QL; LA
<i>m-clear wc oral liquid</i>	T1	
MECLIZINE ORAL TABLET 50 MG	T3	ST; Preferred Alternatives (meclizine hcl)
<i>meclofenamate oral capsule</i>	T1	MM
MEDISENSE COMBO PACK	T2	MM
MEDISENSE GLUCOSE KETONE COMBO PACK	T2	MM
MEDROL (PAK) ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (methylprednisol one)
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	T3	BP; Preferred Alternatives (methylprednisol one)
MEDROL ORAL TABLET 2 MG	T3	Preferred Alternatives (methylprednisol one)
<i>medroxyprogester one intramuscular suspension</i>	T1	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone intramuscular syringe</i>	T1	MM; QL
<i>medroxyprogesterone oral tablet</i>	T1	MM
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	T2	MM
<i>mefenamic acid oral capsule</i>	T1	
<i>mefloquine oral tablet</i>	T1	QL
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	T1	MM
<i>megestrol oral tablet</i>	T1	
MEKINIST ORAL RECON SOLN	T2	PA; SP; MM; QL
MEKINIST ORAL TABLET	T2	PA; SP; MM; QL; LA
MEKTOVI ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (COTELLIC, MEKINIST)
MELOXICAM ORAL SUSPENSION	T3	MM; QL; Preferred Alternatives (ibuprofen, naproxen)
<i>meloxicam oral tablet</i>	T1	MM; QL
<i>meloxicam submicronized oral capsule</i>	T1	MM; QL
<i>melphalan oral tablet</i>	T1	
<i>memantine oral capsule, sprinkle, er 24hr</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine oral solution</i>	T1	MM
<i>memantine oral tablet</i>	T1	MM
MEMANTINE ORAL TABLETS, DOSE PACK	T3	Preferred Alternatives (memantine hcl)
MENACTRA (PF) INTRAMUSCULAR SOLUTION	T2	
M-END PE ORAL LIQUID	T3	Preferred Alternatives (promethazine vc w/codeine)
MENEST ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL, PREMARIN)
MENOSTAR TRANSDERMAL PATCH WEEKLY	T3	MM; QL; Preferred Alternatives (estradiol)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	T3	Preferred Alternatives (MENACTRA)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	T2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	T2	
<i>meperidine oral solution</i>	T1	PA; QL; Preferred Alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl)

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Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine oral tablet 50 mg</i>	T1	PA; QL; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
MEPHYTON ORAL TABLET	T3	BP; QL; Preferred Alternatives (phytonadione)
<i>meprobamate oral tablet</i>	T1	Preferred Alternatives (alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam)
MEPRON ORAL SUSPENSION	T3	BP; Preferred Alternatives (atovaquone)
<i>mercaptopurine oral tablet</i>	T1	MM
<i>merzee oral capsule</i>	T1	MM
<i>mesalamine oral capsule (with del rel tablets)</i>	T1	MM
<i>mesalamine oral capsule, extended release</i>	T1	MM
<i>mesalamine oral capsule, extended release 24hr</i>	T1	MM
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	T1	MM
<i>mesalamine rectal enema</i>	T1	MM
<i>mesalamine rectal suppository</i>	T1	MM
<i>mesalamine with cleansing wipe rectal enema kit</i>	T1	MM
MESNEX ORAL TABLET	T2	

Drug Name	Drug Tier	Requirements/ Limits
MESTINON ORAL SYRUP	T3	BP; MM; Preferred Alternatives (pyridostigmine bromide)
MESTINON ORAL TABLET	T3	BP; MM; Preferred Alternatives (pyridostigmine bromide)
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	T3	BP; MM; Preferred Alternatives (pyridostigmine bromide er)
<i>metaxalone oral tablet</i>	T1	
<i>metformin oral solution</i>	T1	MM
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	MM
METFORMIN ORAL TABLET 625 MG	T3	MM; Preferred Alternatives (metformin hcl)
<i>metformin oral tablet extended release 24 hr</i>	T1	MM; QL
<i>metformin oral tablet extended release 24hr</i>	T1	MM; QL
<i>methadone oral concentrate</i>	T1	QL
<i>methadone oral solution</i>	T1	QL
<i>methadone oral tablet</i>	T1	QL
<i>methadone oral tablet, soluble</i>	T1	QL
<i>methadose oral concentrate</i>	T1	QL
<i>methadose oral tablet, soluble</i>	T1	QL
<i>methamphetamine oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>methazolamide oral tablet</i>	T1	MM
<i>methenamine hippurate oral tablet</i>	T1	
<i>methenamine mandelate oral tablet</i>	T1	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	T1	
<i>methergine oral tablet</i>	T1	QL
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	MM
METHITEST ORAL TABLET	T2	PA; MM
METHOCARBAMOL ORAL TABLET 1,000 MG	T3	Preferred Alternatives (methocarbamol)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution</i>	T1	
<i>methotrexate sodium injection solution</i>	T1	
<i>methotrexate sodium oral tablet</i>	T1	MM
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	T1	MM
<i>methscopolamine oral tablet 2.5 mg</i>	T1	Preferred Alternatives (glycopyrrolate)
<i>methscopolamine oral tablet 5 mg</i>	T1	MM; Preferred Alternatives (glycopyrrolate)
<i>methsuximide oral capsule</i>	T1	MM
<i>methyl salicylate oil</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methyl salicylate topical liquid</i>	T1	
<i>methyl dopa oral tablet</i>	T1	MM
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	T1	MM
<i>methylergonovine oral tablet</i>	T1	QL
METHYLIN ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (methylphenidate hcl)
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	T1	MM
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	T1	MM
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	T1	MM
<i>methylphenidate hcl oral solution</i>	T1	MM
<i>methylphenidate hcl oral tablet</i>	T1	MM
<i>methylphenidate hcl oral tablet extended release</i>	T1	MM
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	T3	MM; Preferred Alternatives (dexamethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEW ER, QUILLIVANT XR)
<i>methylphenidate hcl oral tablet, chewable</i>	T1	MM
<i>methylphenidate transdermal patch 24 hour</i>	T1	MM
<i>methylprednisolone oral tablet</i>	T1	
<i>methylprednisolone oral tablets, dose pack</i>	T1	
<i>methyltestosterone oral capsule</i>	T1	MM
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metolazone oral tablet</i>	T1	MM
METOPIRONE ORAL CAPSULE	T3	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	T1	MM
<i>metoprolol tartrate hydrochlorothiazide oral tablet</i>	T1	MM
<i>metoprolol tartrate oral tablet</i>	T1	MM
METROCREAM TOPICAL CREAM	T3	BP; Preferred Alternatives (metronidazole)

Drug Name	Drug Tier	Requirements/ Limits
METROGEL TOPICAL GEL 1 %	T3	BP; Preferred Alternatives (metronidazole)
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole topical cream</i>	T1	
<i>metronidazole topical gel</i>	T1	
<i>metronidazole topical gel with pump</i>	T1	
<i>metronidazole topical lotion</i>	T1	
<i>metronidazole vaginal gel</i>	T1	
<i>metyrosine oral capsule</i>	T1	MM
<i>mexiletine oral capsule</i>	T1	MM
MIACALCIN INJECTION SOLUTION	T3	BP; Preferred Alternatives (calcitonin-salmon)
<i>mibelas 24 hr oral tablet, chewable</i>	T1	MM
MICARDIS HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (telmisartan-hydrochlorothiazide)
MICARDIS ORAL TABLET	T3	BP; MM; Preferred Alternatives (telmisartan)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	T3	QL; Preferred Alternatives (miconazole nitrate, clotrimazole, ketoconazole, nystatin)

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Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole-3 vaginal suppository</i>	T1	
MICRO BLOOD GLUCOSE STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
MICROCHAMBER SPACER	T2	
MICRODOT BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
MICRODOT XTRA BLOOD GLUCOSE STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>microgestin 1.5/30 (21) oral tablet</i>	T1	MM
<i>microgestin 1/20 (21) oral tablet</i>	T1	MM
<i>microgestin 24 fe oral tablet</i>	T1	MM
<i>microgestin fe 1.5/30 (28) oral tablet</i>	T1	MM
<i>microgestin fe 1/20 (28) oral tablet</i>	T1	MM
MICROSPACER SPACER	T2	

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Drug Name	Drug Tier	Requirements/ Limits
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	T3	
<i>midazolam oral syrup 2 mg/ml</i>	T1	
<i>midodrine oral tablet</i>	T1	
MIFEPREX ORAL TABLET	T3	
<i>mifepristone oral tablet</i>	T1	
<i>migergot rectal suppository</i>	T1	
<i>miglitol oral tablet</i>	T1	MM
<i>miglustat oral capsule</i>	T1	ST; SP; MM; QL
MIGRANAL NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (dihydroergotamine mesylate)
<i>mili oral tablet</i>	T1	MM
<i>milk of magnesia concentrated oral suspension</i>	T1	
<i>milk of magnesia oral suspension</i>	T1	
<i>millipred dp oral tablets, dose pack</i>	T1	
<i>millipred oral tablet</i>	T1	
<i>mimvey oral tablet</i>	T1	MM
MINASTRIN 24 FE ORAL TABLET, CHEWABLE	T3	BP; MM; Preferred Alternatives (charlotte 24 fe, mibelas 24 fe, norethindrone-estradiol-iron)
MINIMED 770G INSULIN PUMP	T2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
MINIMED QUICK SET 43" INFUSION SET	T2	MM
MINIMED SILHOUETTE 23" INFUSION SET	T2	MM
MINIMED SURE T 32" INFUSION SET	T2	MM
MINIPRESS ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (prazosin hcl)
MINIVELLE TRANSDERMAL PATCH SEMI-WEEKLY	T3	BP; MM; QL; Preferred Alternatives (estradiol)
<i>minocycline oral capsule</i>	T1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (minocycline hcl er)
<i>minocycline oral tablet</i>	T1	
<i>minocycline oral tablet extended release 24 hr</i>	T1	
MINOCYCLINE ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	Preferred Alternatives (minocycline hcl er)
<i>minoxidil oral tablet</i>	T1	MM
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (pramipexole er)
<i>mirtazapine oral tablet</i>	T1	MM
<i>mirtazapine oral tablet, disintegrating</i>	T1	MM
MIRVASO TOPICAL GEL WITH PUMP	T2	PA; BP

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Drug Name	Drug Tier	Requirements/ Limits
<i>misoprostol oral tablet</i>	T1	MM
MITIGARE ORAL CAPSULE	T2	MM
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	T3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	T2	
<i>m-natal plus oral tablet</i>	T1	MM
<i>modafinil oral tablet</i>	T1	ST; MM; QL
<i>moexipril oral tablet</i>	T1	MM
<i>molindone oral tablet</i>	T1	MM
<i>mometasone nasal spray, non-aerosol</i>	T1	MM; QL
<i>mometasone topical cream</i>	T1	
<i>mometasone topical ointment</i>	T1	
<i>mometasone topical solution</i>	T1	
<i>mondoxyne nl oral capsule</i>	T1	
MONODOX ORAL CAPSULE	T3	BP; Preferred Alternatives (doxycycline monohydrate)
<i>mono-lynyah oral tablet</i>	T1	MM
<i>montelukast oral granules in packet</i>	T1	MM
<i>montelukast oral tablet</i>	T1	MM
<i>montelukast oral tablet, chewable</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
MONUROL ORAL PACKET	T3	BP; Preferred Alternatives (fosfomycin tromethamine)
MORGIDOX 1X 50 KIT	T3	Preferred Alternatives (doxycycline hyclate)
MORGIDOX 1X100 KIT	T3	Preferred Alternatives (doxycycline hyclate)
<i>morgidox oral capsule 100 mg</i>	T1	
<i>morphine concentrate oral solution</i>	T1	PA; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	T1	PA; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T1	PA; QL
<i>morphine oral solution</i>	T1	PA; QL
<i>morphine oral tablet</i>	T1	PA; QL
<i>morphine oral tablet extended release</i>	T1	PA; QL
<i>morphine rectal suppository</i>	T1	PA; QL
MOTTEGRITY ORAL TABLET	T3	MM; QL; Preferred Alternatives (lubiprostone, LINZESS, TRULANCE)
MOTOFEN ORAL TABLET	T3	Preferred Alternatives (diphenoxylate w/atropine)

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Drug Name	Drug Tier	Requirements/ Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	T2	PA; MM; QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	T2	PA; QL
MOVANTIK ORAL TABLET	T2	QL
MOVIPREP ORAL POWDER IN PACKET	T3	BP; Preferred Alternatives (peg3350-sod sul-nacl-kcl-asb-c)
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	T3	Preferred Alternatives (amoxicillin)
<i>moxifloxacin ophthalmic (eye) drops</i>	T1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	T1	
<i>moxifloxacin oral tablet</i>	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	PA; BP; QL; Preferred Alternatives (morphine sulfate er)
MUGARD MUCOUS MEMBRANE SOLUTION	T3	SP
MULPLETA ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (DOPTLET)

Drug Name	Drug Tier	Requirements/ Limits
MULTAQ ORAL TABLET	T3	MM; Preferred Alternatives (amiodarone hcl, dofetilide, flecainide acetate, propafenone hcl, quinidine sulfate, sotalol)
<i>multi-vitamin with fluoride oral drops</i>	T1	MM
<i>multi-vitamin with fluoride oral tablet, chewable</i>	T1	MM
<i>mupirocin calcium topical cream</i>	T1	QL
<i>mupirocin topical ointment</i>	T1	QL
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	T2	MM; QL
<i>mvc-fluoride oral tablet, chewable</i>	T1	MM
<i>my choice oral tablet</i>	T1	QL
<i>my way oral tablet</i>	T1	QL
MYAMBUTOL ORAL TABLET 400 MG	T3	BP; Preferred Alternatives (ethambutol hcl)
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	ST; SP; MM; QL; Preferred Alternatives (SOMATULINE DEPOT)
MYCOBUTIN ORAL CAPSULE	T3	BP; Preferred Alternatives (rifabutin)
<i>mycophenolate mofetil oral capsule</i>	T1	MM
<i>mycophenolate mofetil oral suspension for reconstitution</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil oral tablet</i>	T1	MM
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	T1	MM
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	T2	MM
MYDRIACYL OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (tropicamide)
MYDRIATIC4(TR OP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS	T3	
MYFEMBREE ORAL TABLET	T2	PA; MM
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (mycophenolic acid)
MYGLUCOHEALTH CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
MYGLUCOHEALTH STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
MYLERAN ORAL TABLET	T2	
<i>mynatal oral capsule</i>	T1	MM
<i>mynatal plus oral tablet</i>	T1	MM
<i>mynatal-z oral tablet</i>	T1	MM
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE	T2	MM
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
MYSOLINE ORAL TABLET	T3	BP; MM; Preferred Alternatives (primidone)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	SP; Preferred Alternatives (diphenoxylate w/atropine, loperamide hcl)
<i>nabumetone oral tablet</i>	T1	MM
<i>nadolol oral tablet</i>	T1	MM
<i>naftifine topical cream</i>	T1	QL
<i>naftifine topical gel 2 %</i>	T1	QL
NAFTIN TOPICAL GEL	T3	BP; QL; Preferred Alternatives (naftifine hcl)
NALFON ORAL CAPSULE 400 MG	T3	BP; MM; Preferred Alternatives (fenoprofen calcium)
NALFON ORAL TABLET	T3	BP; MM; Preferred Alternatives (fenoprofen calcium)
<i>naloxone injection solution</i>	T1	
<i>naloxone injection syringe</i>	T1	
<i>naloxone nasal spray, non-aerosol</i>	T1	QL
NALTREX ORAL CAPSULE 4.5 MG	T3	
<i>naltrexone oral tablet</i>	T1	MM
NAMENDA ORAL TABLET	T3	BP; MM; Preferred Alternatives (memantine hcl)

Drug Name	Drug Tier	Requirements/ Limits
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	T3	Preferred Alternatives (memantine hcl)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	T3	Preferred Alternatives (memantine hcl er)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	T3	BP; MM; Preferred Alternatives (memantine hcl er)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	T2	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	T2	MM
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	T3	BP; MM; Preferred Alternatives (naproxen sodium er)
NAPROSYN ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (naproxen)
NAPROSYN ORAL TABLET 500 MG	T3	BP; MM; Preferred Alternatives (naproxen)
<i>naproxen oral suspension</i>	T1	MM
<i>naproxen oral tablet</i>	T1	MM
<i>naproxen oral tablet, delayed release (dr/ec)</i>	T1	MM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	T1	MM
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	T1	MM
<i>naratriptan oral tablet</i>	T1	QL
NARCAN NASAL SPRAY,NON-AEROSOL	T2	BP; QL
NARDIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (phenelzine sulfate)
NASCOBAL NASAL SPRAY,NON-AEROSOL	T2	MM; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	
NATAL PNV ORAL TABLET	T3	MM; Preferred Alternatives (m-natal plus, prenatal tabs rx, prenatal plus, prenatal plus, se-natal 19, se-natal 19, westab plus)

Drug Name	Drug Tier	Requirements/ Limits
NATAZIA ORAL TABLET	T3	MM; Preferred Alternatives (DROSPIRENO NE-ETHINYL ESTRADIOL, JUNEL FE, SPRINTEC, TRI-SPRINTEC, LO LOESTRIN FE)
<i>nateglinide oral tablet</i>	T1	MM
NATESTO NASAL GEL IN METERED-DOSE PUMP	T2	MM; QL
NATROBA TOPICAL SUSPENSION	T3	BP; Preferred Alternatives (spinosad)
<i>natura-lax oral powder</i>	T1	
NAYZILAM NASAL SPRAY,NON-AEROSOL	T2	
<i>nebivolol oral tablet</i>	T1	MM
NEBUPENT INHALATION RECON SOLN	T3	BP; MM; QL; Preferred Alternatives (pentamidine isethionate)
<i>nebusal inhalation solution for nebulization 3 %</i>	T1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	T3	
<i>necon 0.5/35 (28) oral tablet</i>	T1	MM
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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Drug Name	Drug Tier	Requirements/ Limits
<i>nefazodone oral tablet</i>	T1	MM; Preferred Alternatives (bupropion hcl, mirtazapine, trazodone hcl)
<i>neomycin oral tablet</i>	T1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	T1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	T1	
<i>neomycin-polymyxin b gu irrigation solution</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL COMPLETE ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
NEONATAL FE ORAL TABLET	T3	
NEONATAL PLUS VITAMIN ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
NEONATAL-DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>neo-polycin hc ophthalmic (eye) ointment</i>	T1	
<i>neo-polycin ophthalmic (eye) ointment</i>	T1	
NEORAL ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (cyclosporine)
NEORAL ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (cyclosporine)
NEO-SYNALAR KIT TOPICAL CREAM	T3	
NEO-SYNALAR TOPICAL CREAM	T3	
NERLYNX ORAL TABLET	T2	PA; SP; LA
NESINA ORAL TABLET	T3	MM; QL; Preferred Alternatives (JANUVIA, TRADJENTA)
NESTABS ABC ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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Drug Name	Drug Tier	Requirements/ Limits
NESTABS DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ONE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	T3	
<i>neuac topical gel</i>	T1	
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	T2	ST; SP; QL
NEULASTA SUBCUTANEOUS SYRINGE	T2	ST; SP; QL
NEUPOGEN INJECTION SOLUTION	T2	ST; SP
NEUPOGEN INJECTION SYRINGE	T2	ST; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (pramipexole di-hcl, pramipexole er, ropinirole hcl)
NEURONTIN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (gabapentin)

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (gabapentin)
NEURONTIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (gabapentin)
NEUTEK 2TEK TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>nevirapine oral suspension</i>	T1	MM
<i>nevirapine oral tablet</i>	T1	MM
<i>nevirapine oral tablet extended release 24 hr</i>	T1	MM
<i>new day oral tablet</i>	T1	QL
<i>newgen oral tablet</i>	T1	MM
NEXAVAR ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (sorafenib)

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Drug Name	Drug Tier	Requirements/ Limits
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (clonidine hcl, clonidine hcl)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	T3	BP; MM; QL; Preferred Alternatives (esomeprazole magnesium)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	T3	BP; MM; Preferred Alternatives (esomeprazole magnesium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	T3	BP; MM; QL; Preferred Alternatives (esomeprazole magnesium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	T3	MM; QL; Preferred Alternatives (dexlansoprazol e dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	T3	BP; MM; Preferred Alternatives (esomeprazole magnesium)
NEXLETOL ORAL TABLET	T2	PA; MM
NEXLIZET ORAL TABLET	T2	PA; MM
NEXPLANON SUBDERMAL IMPLANT	T2	SP

Drug Name	Drug Tier	Requirements/ Limits
NEXTSTELLIS ORAL TABLET	T3	MM; Preferred Alternatives (aurovela fe, blisovi fe, drospirenone- ethinyl estradiol, estarylla, junel fe, tri-sprintec, sprintec)
NGENLA SUBCUTANEOU S PEN INJECTOR	T3	PA; SP; MM
<i>niacin oral tablet extended release 24 hr</i>	T1	MM
<i>nicardipine oral capsule</i>	T1	MM
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	T2	BP
NICORETTE BUCCAL GUM 2 MG	T2	BP
<i>nicorette buccal gum 4 mg</i>	T1	
NICORETTE BUCCAL LOZENGE	T2	
NICORETTE BUCCAL MINI LOZENGE	T2	
<i>nicotine (polacrilex) buccal gum</i>	T1	
<i>nicotine (polacrilex) buccal lozenge</i>	T1	
<i>nicotine (polacrilex) buccal mini lozenge</i>	T1	
<i>nicotine transdermal patch 24 hour</i>	T1	
<i>nicotine transdermal patch, td daily, sequential</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
NICOTROL INHALATION CARTRIDGE	T3	Preferred Alternatives (nicotine, nicotine gum)
NICOTROL NS NASAL SPRAY, NON-AEROSOL	T3	Preferred Alternatives (nicotine, nicotine gum)
<i>nifedipine oral capsule</i>	T1	MM; Preferred Alternatives (nicardipine hcl, isradipine)
<i>nifedipine oral tablet extended release</i>	T1	MM
<i>nifedipine oral tablet extended release 24hr</i>	T1	MM
<i>nikki (28) oral tablet</i>	T1	MM
NILANDRON ORAL TABLET	T3	PA; BP; MM; LA; Preferred Alternatives (nilutamide)
<i>nilutamide oral tablet</i>	T1	PA; MM; LA
<i>nimodipine oral capsule</i>	T1	
NINJACOF-XG ORAL LIQUID	T3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
NINLARO ORAL CAPSULE	T2	PA; SP; MM; QL; LA
<i>nisoldipine oral tablet extended release 24 hr</i>	T1	MM
<i>nitazoxanide oral tablet</i>	T1	QL
<i>nitisinone oral capsule</i>	T1	PA; SP; MM

Drug Name	Drug Tier	Requirements/ Limits
<i>nitro-bid transdermal ointment</i>	T1	MM
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (nitroglycerin)
<i>nitrofurantoin macrocrystal oral capsule</i>	T1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	T1	
<i>nitroglycerin sublingual tablet</i>	T1	MM
<i>nitroglycerin transdermal patch 24 hour</i>	T1	MM
<i>nitroglycerin translingual spray, non-aerosol</i>	T1	MM
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	T3	BP; MM; Preferred Alternatives (nitroglycerin)
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	T3	BP; MM; Preferred Alternatives (nitroglycerin)
NITROSTAT SUBLINGUAL TABLET	T3	BP; MM; Preferred Alternatives (nitroglycerin)
<i>nitro-time oral capsule, extended release</i>	T1	MM
NITYR ORAL TABLET	T2	PA; SP; MM
<i>niva thyroid oral tablet</i>	T1	MM
NIVESTYM INJECTION SOLUTION	T2	ST; SP

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Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SUBCUTANEOUS SYRINGE	T2	ST; SP
<i>nizatidine oral capsule</i>	T1	MM
NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING	T3	PA; MM; QL
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING	T3	PA; MM; QL
NOCTIVA NASAL SPRAY, NON-AEROSOL	T3	MM; QL; Preferred Alternatives (desmopressin acetate)
<i>nolix topical cream</i>	T1	QL
<i>nolix topical lotion</i>	T1	QL
<i>nora-be oral tablet</i>	T1	MM
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; LA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>	T1	MM
<i>norethindrone (contraceptive) oral tablet</i>	T1	MM
<i>norethindrone acetate oral tablet</i>	T1	MM
<i>norethindrone ac- eth estradiol oral tablet</i>	T1	MM
<i>norethindrone- e.estradiol-iron oral capsule</i>	T1	MM
<i>norethindrone- e.estradiol-iron oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone- e.estradiol-iron oral tablet, chewable</i>	T1	MM
<i>norgestimate- ethinyl estradiol oral tablet</i>	T1	MM
NORITATE TOPICAL CREAM	T3	Preferred Alternatives (metronidazole)
NORLIQVA ORAL SOLUTION	T3	MM; Preferred Alternatives (amlodipine besylate)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	T3	MM; Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
NORPACE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	BP; MM; Preferred Alternatives (desipramine hcl)
NORTHERA ORAL CAPSULE	T3	PA; SP; BP; MM; Preferred Alternatives (atomoxetine hcl, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide)
<i>nortrel 0.5/35 (28) oral tablet</i>	T1	MM
<i>nortrel 1/35 (21) oral tablet</i>	T1	MM
<i>nortrel 1/35 (28) oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>nortrel 7/7/7 (28) oral tablet</i>	T1	MM
<i>nortriptyline oral capsule</i>	T1	MM
<i>nortriptyline oral solution</i>	T1	MM
NORVASC ORAL TABLET	T3	BP; MM; Preferred Alternatives (amlodipine besylate)
NORVIR ORAL POWDER IN PACKET	T2	MM
NORVIR ORAL TABLET	T3	BP; MM; Preferred Alternatives (ritonavir)
NOURIANZ ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (cabergoline, entacapone, pramipexole di- hcl, rasagiline mesylate, ropinirole hcl, KYNMOBI)
NOVA MAX GLUCOSE CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
NOVA MAX GLUCOSE TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
NOVA MAX PLUS GLUC-KETON METER DEVICE	T3	MM
NOVA MAX PLUS GLUC-KETON METER KIT	T3	MM
NOVAMAX PLUS GLU-KET SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
NOVAREL INTRAMUSCULA R RECON SOLN	T2	SP; QL
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULA R SUSPENSION	T2	
NOVOEIGHT INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOU S INSULIN PEN	T3	MM; Preferred Alternatives (HUMULIN 70/30 KWIKPEN)

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMULIN N KWIKPEN)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMULIN R)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U-100)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
NOVOSEVEN RT INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (SEVENFACT)
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	T2	PA
NOXAFIL ORAL SUSPENSION	T3	PA; BP; Preferred Alternatives (posaconazole)

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	PA; BP; Preferred Alternatives (posaconazole)
<i>np thyroid oral tablet</i>	T1	MM
NUBEQA ORAL TABLET	T2	PA; SP; MM; QL; LA
NUCALA SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL; LA
NUCALA SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA
NUCORT TOPICAL LOTION	T3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	T3	PA; QL; Preferred Alternatives (hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxycodone hcl er, HYSINGLA ER, OXYCONTIN)
NUCYNTA ORAL TABLET	T3	PA; QL; Preferred Alternatives (hydrocodone w/acetaminophen, morphine sulfate, oxycodone hcl, tramadol hcl, tramadol hcl-acetaminophen)
NUDEXTA ORAL CAPSULE	T2	
NULEV ORAL TABLET, DISINTEGRATING	T3	BP; MM; Preferred Alternatives (hyoscyamine sulfate)

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Drug Name	Drug Tier	Requirements/ Limits
NUMBRINO NASAL SOLUTION	T3	
NUPLAZID ORAL CAPSULE	T3	PA; SP; MM; Preferred Alternatives (clozapine, quetiapine fumarate)
NUPLAZID ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (clozapine, quetiapine fumarate)
NURTEC ODT ORAL TABLET, DISINTEGRATING	T2	PA; QL
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
NUVESSA VAGINAL GEL	T3	Preferred Alternatives (metronidazole, clindamycin phosphate, XACIATO)
NUVIGIL ORAL TABLET	T3	ST; BP; MM; QL; Preferred Alternatives (armodafinil)
NUWIQ INTRAVENOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE)

Drug Name	Drug Tier	Requirements/ Limits
NUZYRA ORAL TABLET	T3	QL; Preferred Alternatives (doxycycline hyclate, tetracycline hcl)
<i>nyamyc topical powder</i>	T1	QL
<i>nylia 1/35 (28) oral tablet</i>	T1	MM
<i>nylia 7/7/7 (28) oral tablet</i>	T1	MM
NYMALIZE ORAL SOLUTION	T3	Preferred Alternatives (nimodipine)
NYMALIZE ORAL SYRINGE	T3	Preferred Alternatives (nimodipine)
<i>nymyo oral tablet</i>	T1	MM
NYNUTEY TOPICAL CREAM	T3	
<i>nystatin oral suspension</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin topical cream</i>	T1	QL
<i>nystatin topical ointment</i>	T1	QL
<i>nystatin topical powder</i>	T1	QL
<i>nystatin-triamcinolone topical cream</i>	T1	QL
<i>nystatin-triamcinolone topical ointment</i>	T1	QL
<i>nystop topical powder</i>	T1	QL
NYVEPRIA SUBCUTANEOUS SYRINGE	T2	ST; SP; QL
OB COMPLETE ONE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE ORAL TABLET	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OB COMPLETE PETITE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OB COMPLETE PREMIER ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
OB COMPLETE WITH DHA ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OCALIVA ORAL TABLET	T2	PA; SP; MM; QL
<i>ocella oral tablet</i>	T1	MM
<i>octreotide acetate injection solution</i>	T1	ST; SP; MM
<i>octreotide acetate injection syringe</i>	T1	ST; SP; MM
OCUFLOX OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ofloxacin)
ODACTRA SUBLINGUAL TABLET	T2	PA; MM
ODEFSEY ORAL TABLET	T2	MM
ODOMZO ORAL CAPSULE	T2	PA; SP; MM; QL; LA
OFEV ORAL CAPSULE	T2	PA; SP; MM; QL; LA
<i>ofloxacin ophthalmic (eye) drops</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<i>ofloxacin otic (ear) drops</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine oral tablet</i>	T1	MM
<i>olanzapine oral tablet, disintegrating</i>	T1	MM
<i>olanzapine-fluoxetine oral capsule</i>	T1	MM
<i>olmesartan oral tablet</i>	T1	MM
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i>	T1	MM
<i>olmesartan-hydrochlorothiazide oral tablet</i>	T1	MM
<i>olopatadine nasal spray, non-aerosol</i>	T1	QL
OLPRUVA ORAL PELLETS IN PACKET	T3	PA; SP; MM; Preferred Alternatives (SODIUM PHENYLBUTYRATE, PHEBURANE, RAVICTI)
OLUMIANT ORAL TABLET	T2	ST; SP; MM; QL; LA
OLUX TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
OLUX-E TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
OMECLAMOX-PAK ORAL COMBO PACK	T3	QL; Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)

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Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3 acid ethyl esters oral capsule</i>	T1	MM
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	T1	MM; QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	T1	MM
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	T1	MM
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	T1	MM; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	T1	MM
OMNARIS NASAL SPRAY, NON-AEROSOL	T3	MM; QL; Preferred Alternatives (FLUNISOLIDE, FLUTICASONE PROPIONATE, MOMETASONE FUROATE, QNASL)
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	T2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	T2	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	T2	MM; QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	T2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	T2	MM; QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	T2	MM
OMNITROPE SUBCUTANEOUS CARTRIDGE	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
OMNITROPE SUBCUTANEOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)

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Drug Name	Drug Tier	Requirements/ Limits
ON CALL EXPRESS CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ON CALL EXPRESS METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ON CALL EXPRESS TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL PLUS CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ON CALL PLUS METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ON CALL PLUS TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
ON CALL VIVID CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ON CALL VIVID METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ON CALL VIVID PAL METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL VIVID TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron oral tablet,disintegratin g</i>	T1	
<i>one daily prenatal oral combo pack</i>	T1	MM
ONETOUCH ULTRA CONTROL SOLUTION	T2	MM
ONETOUCH ULTRA TEST STRIP	T2	MM
ONETOUCH ULTRA2 METER	T2	MM
ONETOUCH VERIO FLEX METER	T2	MM
ONETOUCH VERIO MID CONTROL SOLUTION	T2	MM
ONETOUCH VERIO REFLECT METER	T2	MM
ONETOUCH VERIO TEST STRIPS STRIP	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
ONEXTON TOPICAL GEL WITH PUMP	T2	
ONFI ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (clobazam)
ONFI ORAL TABLET	T3	BP; MM; Preferred Alternatives (clobazam)
ONGENTYS ORAL CAPSULE	T3	PA; MM; Preferred Alternatives (entacapone)
ONGLYZA ORAL TABLET	T3	MM; QL; Preferred Alternatives (JANUVIA, TRADJENTA)
ONUREG ORAL TABLET	T3	PA; SP; MM; QL; LA
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (sumatriptan, zolmitriptan, ZOMIG)
<i>opcicon one-step oral tablet</i>	T1	QL
<i>opium tincture oral tincture</i>	T1	
OPSUMIT ORAL TABLET	T2	ST; SP; MM; QL
OPTICHAMBER DIAMOND VHC SPACER	T2	
<i>option-2 oral tablet</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
OPTIUM EZ STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
OPTIUM TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
OPTUMRX KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
OPTUMRX STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
OPVEE NASAL SPRAY, NON-AEROSOL	T3	
OPZELURA TOPICAL CREAM	T3	QL; Preferred Alternatives (pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, halcinonide, triamcinolone acetonide)
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole)
ORACIT ORAL SOLUTION	T3	Preferred Alternatives (sodium citrate & citric acid)
<i>oral saline laxative oral liquid</i>	T1	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	T2	PA; SP; MM

Drug Name	Drug Tier	Requirements/ Limits
<i>oralone dental paste</i>	T1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	T3	
ORAPRED ODT ORAL TABLET, DISINTEGRATING	T3	BP; Preferred Alternatives (prednisolone sodium phosphate)
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	T3	Preferred Alternatives (nystatin, clotrimazole)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
ORENCIA SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
ORENITRAM MONTH 1 TITRATION KIT ORAL TABLET EXTENDED REL, DOSE PACK	T3	PA; SP; QL; Preferred Alternatives (UPTRAVI)

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Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	T3	PA; SP; QL; Preferred Alternatives (UPTRAVI)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	T3	PA; SP; QL; Preferred Alternatives (UPTRAVI)
ORENITRAM ORAL TABLET EXTENDED RELEASE	T3	PA; SP; MM; QL; Preferred Alternatives (UPTRAVI)
ORFADIN ORAL CAPSULE	T3	PA; SP; BP; MM; Preferred Alternatives (nitisinone)
ORFADIN ORAL SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (nitisinone, NITYR)
ORGOVYX ORAL TABLET	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ELIGARD, FIRMAGON)
ORIAHNN ORAL CAPSULE, SEQUENTIAL	T2	PA; MM
ORILISSA ORAL TABLET 150 MG	T2	PA; MM; QL
ORILISSA ORAL TABLET 200 MG	T2	PA; QL
ORKAMBI ORAL GRANULES IN PACKET	T2	PA; SP; MM; QL
ORKAMBI ORAL TABLET	T2	PA; SP; MM; QL
ORLADEYO ORAL CAPSULE	T3	ST; SP; MM; QL; Preferred Alternatives (TAKHZYRO)

Drug Name	Drug Tier	Requirements/ Limits
ORLISTAT ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (ALLI)
<i>orphenadrine citrate oral tablet extended release</i>	T1	
ORSERDU ORAL TABLET	T2	ST; SP; MM; QL
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	T3	Preferred Alternatives (budesonide ec)
<i>oscimin oral tablet</i>	T1	MM
<i>oscimin sl sublingual tablet</i>	T1	MM
<i>oseltamivir oral capsule</i>	T1	QL
<i>oseltamivir oral suspension for reconstitution</i>	T1	QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	T3	MM; QL; Preferred Alternatives (PIOGLITAZONE HCL, JANUVIA, TRADJENTA)
OSPHENA ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL, YUVAFEM, ESTRING, PREMARIN)
OTEZLA ORAL TABLET	T2	ST; SP; MM; QL; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	T2	ST; SP; QL; LA
OTOVEL OTIC (EAR) SOLUTION	T3	Preferred Alternatives (ciprofloxacin-dexamethasone)

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Drug Name	Drug Tier	Requirements/ Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	T2	MM
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CLEANSER	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CREAM	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL LOTION	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS WASH TOPICAL CLEANSER, GEL	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE TOPICAL CLEANSER	T3	BP; Preferred Alternatives (sodium sulfacetamide)
OVIDE TOPICAL LOTION	T3	BP; Preferred Alternatives (malathion)
OVIDREL SUBCUTANEOUS SYRINGE	T2	SP
<i>oxaprozin oral tablet</i>	T1	MM
OXAYDO ORAL TABLET, ORAL ONLY	T3	PA; QL; Preferred Alternatives (oxycodone hcl)
<i>oxazepam oral capsule</i>	T1	Preferred Alternatives (lorazepam)

Drug Name	Drug Tier	Requirements/ Limits
OXBRYTA ORAL TABLET	T3	PA; SP; MM; QL; Preferred Alternatives (hydroxyurea, DROXIA)
OXBRYTA ORAL TABLET FOR SUSPENSION	T3	PA; SP; MM; QL; Preferred Alternatives (hydroxyurea, DROXIA)
<i>oxcarbazepine oral suspension</i>	T1	MM
<i>oxcarbazepine oral tablet</i>	T1	MM
OXERVATE OPHTHALMIC (EYE) DROPS	T2	PA; SP
<i>oxiconazole topical cream</i>	T1	QL
OXISTAT TOPICAL LOTION	T3	QL; Preferred Alternatives (oxiconazole nitrate, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (oxcarbazepine)
<i>oxybutynin chloride oral syrup</i>	T1	MM
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	T3	MM; Preferred Alternatives (darifenacin er, fesoterodine fumarate er, oxybutynin chloride, tolterodine tartrate er, trospium chloride, MYRBETRIQ)

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	MM
<i>oxybutynin chloride oral tablet extended release 24hr</i>	T1	MM
<i>oxycodone oral capsule</i>	T1	PA; QL
<i>oxycodone oral concentrate</i>	T1	PA; QL
<i>oxycodone oral solution</i>	T1	PA; QL
<i>oxycodone oral tablet</i>	T1	PA; QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.1 2 HR 10 MG, 20 MG, 40 MG, 80 MG	T3	PA; QL; Preferred Alternatives (hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	T1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	PA; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.1 2 HR	T2	PA; QL
<i>oxymorphone oral tablet</i>	T1	PA; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	T3	ST; MM; QL; Preferred Alternatives (fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ)
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)	T2	PA; MM; QL
OZOBAX ORAL SOLUTION	T3	ST; MM; Preferred Alternatives (baclofen)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	T1	MM
PACNEX TOPICAL CLEANSER	T3	BP; Preferred Alternatives (benzoyl peroxide)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	T3	PA; SP; MM; QL
<i>paliperidone oral tablet extended release 24hr</i>	T1	MM
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML	T2	PA; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	T2	PA; SP; QL
PAMELOR ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (nortriptyline hcl)
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	T2	MM
PANDEL TOPICAL CREAM	T3	Preferred Alternatives (betamethasone valerate, desoximetasone, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide)
PANRETIN TOPICAL GEL	T3	
<i>pantoprazole oral granules dr for susp in packet</i>	T1	MM
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	T1	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	T1	MM
<i>paricalcitol oral capsule</i>	T1	MM
PARLODEL ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (bromocriptine mesylate)
PARLODEL ORAL TABLET	T3	BP; MM; Preferred Alternatives (bromocriptine mesylate)
PARNATE ORAL TABLET	T3	BP; MM; Preferred Alternatives (tranylcypromine sulfate)
<i>paroex oral rinse mucous membrane mouthwash</i>	T1	
<i>paromomycin oral capsule</i>	T1	
<i>paroxetine hcl oral suspension</i>	T1	MM
<i>paroxetine hcl oral tablet</i>	T1	MM
<i>paroxetine hcl oral tablet extended release 24 hr</i>	T1	MM
<i>paroxetine mesylate(menop.s ym) oral capsule</i>	T1	MM
PASER ORAL GRANULES DR FOR SUSP IN PACKET	T3	
PATANASE NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (olopatadine hcl)

Drug Name	Drug Tier	Requirements/ Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (paroxetine er)
PAXIL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (paroxetine hcl)
PAXLOVID ORAL TABLETS, DOSE PACK	T2	QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	T2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	T2	
<i>peg 3350-electrolytes oral recon soln</i>	T1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	T1	
PEGASYS SUBCUTANEOUS SOLUTION	T2	SP; QL; LA
PEGASYS SUBCUTANEOUS SYRINGE	T2	SP; QL; LA
<i>peg-electrolyte soln oral recon soln</i>	T1	
PEMAZYRE ORAL TABLET	T2	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	T3	MM; Preferred Alternatives (BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE, NOVOFINE, NOVOFINE PLUS, NOVOTWIST)
<i>penciclovir topical cream</i>	T1	
<i>penicillamine oral capsule</i>	T1	MM
<i>penicillamine oral tablet</i>	T1	MM
<i>penicillin v potassium oral recon soln</i>	T1	
<i>penicillin v potassium oral tablet</i>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	T3	BP; QL; Preferred Alternatives (diclofenac sodium)
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	T2	
<i>pentamidine inhalation recon soln</i>	T1	MM; QL
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	T2	MM
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	T3	BP; MM; Preferred Alternatives (mesalamine er)

Drug Name	Drug Tier	Requirements/ Limits
<i>pentazocine-naloxone oral tablet</i>	T1	PA; QL; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
<i>pentoxifylline oral tablet extended release</i>	T1	MM
PEPCID ORAL TABLET 40 MG	T3	BP; MM; Preferred Alternatives (famotidine)
PERCOCET ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (oxycodone w/acetaminophen)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	T3	BP; MM; QL; Preferred Alternatives (formoterol fumarate)
PERIDEX MUCOUS MEMBRANE MOUTHWASH	T3	BP; Preferred Alternatives (chlorhexidine gluconate)
<i>perindopril erbumine oral tablet</i>	T1	MM
<i>periogard mucous membrane mouthwash</i>	T1	
<i>permethrin topical cream</i>	T1	
<i>perphenazine oral tablet</i>	T1	MM
<i>perphenazine-amitriptyline oral tablet</i>	T1	MM
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	MM; Preferred Alternatives (CREON, PANCREAZE, ZENPEP)

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Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE GLUCOSE SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PHARMACIST CHOICE STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PHEBURANE ORAL GRANULES	T2	PA; SP; MM
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
<i>phendimetrazine tartrate oral capsule, extended release</i>	T1	QL
<i>phendimetrazine tartrate oral tablet</i>	T1	QL
<i>phenelzine oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	T1	MM
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	T1	MM
<i>phenobarbital oral elixir</i>	T1	MM
<i>phenobarbital oral tablet</i>	T1	MM
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	T1	MM
<i>phenohydro oral tablet</i>	T1	MM
<i>phenoxybenzamine oral capsule</i>	T1	
<i>phentermine oral capsule</i>	T1	QL
<i>phentermine oral tablet</i>	T1	QL
<i>phenylephrine hcl ophthalmic (eye) drops</i>	T1	
PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS	T3	
PHENYTEK ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (phenytoin sodium)
<i>phenytoin oral suspension</i>	T1	MM
<i>phenytoin oral tablet, chewable</i>	T1	MM
<i>phenytoin sodium extended oral capsule</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
PHEXXI VAGINAL GEL	T3	QL; Preferred Alternatives (CAYA CONTOURED, CONDOM, FC2 FEMALE CONDOM, FEMCAP, gynol ii, VCF, TODAY CONTRACEPTIVE SPONGE)
<i>philiith oral tablet</i>	T1	MM
PHOSLYRA ORAL SOLUTION	T2	MM; QL
<i>phosphate laxative oral liquid</i>	T1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	T2	SP; MM
PHYSIOLYTE IRRIGATION SOLUTION	T3	BP
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	T3	BP
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	T2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	T1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	T2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
PIFELTRO ORAL TABLET	T3	MM; Preferred Alternatives (efavirenz, efavirenz-emtricitenofovir disoproxil fumarate, EDURANT)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	MM
<i>pilocarpine hcl oral tablet</i>	T1	MM
<i>pimecrolimus topical cream</i>	T1	QL
<i>pimozide oral tablet</i>	T1	MM
<i>pimtree (28) oral tablet</i>	T1	MM
<i>pindolol oral tablet</i>	T1	MM
<i>pioglitazone oral tablet</i>	T1	MM; QL
<i>pioglitazone-glimepiride oral tablet</i>	T1	MM; QL
<i>pioglitazone-metformin oral tablet</i>	T1	MM; QL
PIP BLOOD GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
PIP BLOOD GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
PIQRAY ORAL TABLET	T2	PA; SP; MM; LA
<i>pirfenidone oral capsule</i>	T1	ST; SP; MM; QL; LA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T1	ST; SP; MM; QL; LA
PIRFENIDONE ORAL TABLET 534 MG	T3	ST; SP; MM; QL; LA; Preferred Alternatives (pirfenidone, OFEV)
<i>piroxicam oral capsule</i>	T1	MM
PLAN B ONE-STEP ORAL TABLET	T2	BP; QL

Drug Name	Drug Tier	Requirements/ Limits
PLAQUENIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (hydroxychloroquine sulfate)
PLAVIX ORAL TABLET 75 MG	T3	BP; MM; Preferred Alternatives (clopidogrel)
PLEGRIDY INTRAMUSCULAR SYRINGE	T2	ST; SP; MM; QL; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	T2	ST; SP; MM; QL; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	T2	ST; SP; QL; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	T2	ST; SP; MM; QL; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	T2	ST; SP; QL; LA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	T3	Preferred Alternatives (PEG3350-SOD SUL-NACL-KCL-ASB-C, CLENPIQ, SUPREP, SUTAB)
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION NS TOPICAL SHAMPOO	T3	

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Drug Name	Drug Tier	Requirements/ Limits
PLEXION TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION TOPICAL CREAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION TOPICAL LOTION	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLIAGLIS TOPICAL CREAM	T3	QL; Preferred Alternatives (lidocaine hcl, lidocaine- prilocaine)
PNEUMOVAX-23 INJECTION SOLUTION	T2	
PNEUMOVAX-23 INJECTION SYRINGE	T2	
<i>pnv-dha oral capsule</i>	T1	MM
<i>pnv-omega oral capsule</i>	T1	MM
<i>pnv-select oral tablet</i>	T1	MM
POCKET CHAMBER SPACER	T2	
<i>podofilox topical solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
POGO AUTOMATIC BLOOD GLUC SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>polycin ophthalmic (eye) ointment</i>	T1	
<i>polyethylene glycol 3350 oral powder</i>	T1	
<i>polymyxin b sulf- trimethoprim ophthalmic (eye) drops</i>	T1	
POLYTRIM OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (polymyxin b sul- trimethoprim)
POLY-TUSSIN AC ORAL LIQUID	T3	
POMALYST ORAL CAPSULE	T2	PA; SP; MM
PONVORY 14- DAY STARTER PACK ORAL TABLETS,DOSE PACK	T2	ST; SP; QL; LA
PONVORY ORAL TABLET	T2	ST; SP; MM; QL; LA
<i>portia 28 oral tablet</i>	T1	MM
<i>posaconazole oral suspension</i>	T1	PA; ST
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	T1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride oral capsule, extended release</i>	T1	MM
<i>potassium chloride oral liquid</i>	T1	MM
<i>potassium chloride oral packet</i>	T1	MM
<i>potassium chloride oral tablet extended release</i>	T1	MM
<i>potassium chloride oral tablet, er particles/crystals</i>	T1	MM
<i>potassium citrate oral tablet extended release</i>	T1	MM
<i>potassium iodide oral solution</i>	T1	
<i>powderlax oral powder</i>	T1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER	T3	BP
<i>pr natal 400 ec oral combo pack, tablet and cap, dr</i>	T1	MM
<i>pr natal 400 oral combo pack</i>	T1	MM
<i>pr natal 430 ec oral combo pack, tablet and cap, dr</i>	T1	MM
<i>pr natal 430 oral combo pack</i>	T1	MM
PRADAXA ORAL CAPSULE 110 MG	T3	MM; Preferred Alternatives (dabigatran etexilate, ELIQUIS, XARELTO)

Drug Name	Drug Tier	Requirements/ Limits
PRADAXA ORAL CAPSULE 150 MG, 75 MG	T3	BP; MM; Preferred Alternatives (dabigatran etexilate, ELIQUIS, XARELTO)
PRADAXA ORAL PELLETS IN PACKET	T3	SP; MM; Preferred Alternatives (dabigatran etexilate, XARELTO)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	T3	PA; MM; Preferred Alternatives (REPATHA SURECLICK)
<i>pramipexole oral tablet</i>	T1	MM
<i>pramipexole oral tablet extended release 24 hr</i>	T1	MM
PRAMOSONE TOPICAL CREAM	T3	Preferred Alternatives (hc pramoxine)
PRAMOSONE TOPICAL LOTION	T3	Preferred Alternatives (hc pramoxine)
PRAMOSONE TOPICAL OINTMENT	T3	Preferred Alternatives (hc pramoxine)
<i>prasugrel oral tablet</i>	T1	MM
<i>pravastatin oral tablet</i>	T1	MM; QL
<i>praziquantel oral tablet</i>	T1	
<i>prazosin oral capsule</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION PCX PLUS TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRECISION PCX TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRECISION POINT OF CARE TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
PRECISION Q-I-D TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRECISION XTRA KETONE-GLUCOSE KIT	T2	MM
PRECISION XTRA MONITOR	T2	MM
PRECISION XTRA TEST STRIP	T2	MM
PRECISE ORAL TABLET	T3	BP; MM; Preferred Alternatives (acarbose)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (prednisolone acetate)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)
<i>prednicarbate topical cream</i>	T1	
<i>prednicarbate topical ointment</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
PREDNISOL ACE-GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
PREDNISOLN SP-GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	T3	
PREDNISOLN SP-MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	T3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	T1	
PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
PREDNISOLONE ACETATE- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS	T3	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	T1	
<i>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)</i>	T1	
<i>prednisolone sodium phosphate oral tablet,disintegratin g</i>	T1	
PREDNISOLONE- MOXIFLO- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
PREDNISOLONE- MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
PREDNISOLONE- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	
<i>prednisone intensol oral concentrate</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablets, dose pack</i>	T1	
<i>pregabalin oral capsule</i>	T1	MM
<i>pregabalin oral solution</i>	T1	MM
<i>pregabalin oral tablet extended release 24 hr</i>	T1	MM
PREGNYL INTRAMUSCULAR RECON SOLN	T3	ST; SP; QL; Preferred Alternatives (NOVAREL, OVIDREL)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	T2	
PREMARIN ORAL TABLET	T2	MM
PREMARIN VAGINAL CREAM	T2	MM
PREMIER BLU GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
PREMIER CLASSIC GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIER COMPACT GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIER TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
PREMIER VOICE GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIUM BLOOD GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIUM V10	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
PREMIUM V10 STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PREMPHASE ORAL TABLET	T2	MM
PREMPRO ORAL TABLET	T2	MM
<i>prena1 chew oral tablet, chew, ir - dr, biphasic</i>	T1	MM
<i>prena1 pearl oral capsule, ir - delay rel, biphasic</i>	T1	MM
<i>prena1 true oral combo pack</i>	T1	MM
PRENATA ORAL TABLET, CHEWA BLE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
<i>prenatabs fa oral tablet</i>	T1	MM
<i>prenatabs rx oral tablet</i>	T1	MM
<i>prenatal complete oral tablet</i>	T1	MM
<i>prenatal multi-dha (algal oil) oral capsule</i>	T1	MM
<i>prenatal multivitamins oral tablet</i>	T1	MM
<i>prenatal one daily oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	T1	MM
<i>prenatal plus (calcium carb) oral tablet</i>	T1	MM
PRENATAL PLUS DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>prenatal plus oral tablet</i>	T1	MM
PRENATAL PLUS VITAMIN- MINERAL ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
<i>prenatal vit no.179-iron-folic oral tablet</i>	T1	MM
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	T1	MM
<i>prenatal vitamin with minerals oral tablet</i>	T1	MM
<i>prenatal-u oral capsule</i>	T1	MM
PRENATE AM ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
PRENATE CHEWABLE ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ENHANCE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE ESSENTIAL(IRO N-ASP-GL) ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE PIXIE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE RESTORE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE STAR ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
PREPIDIL VAGINAL GEL	T3	
PRESTALIA ORAL TABLET	T3	MM; Preferred Alternatives (amlodipine besylate- benazepril)

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Drug Name	Drug Tier	Requirements/ Limits
PRESTO PRO BLOOD GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRETOMANID ORAL TABLET	T3	PA
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	T3	BP; MM; Preferred Alternatives (lansoprazole)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	T3	BP; MM; QL; Preferred Alternatives (lansoprazole)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	T3	BP; MM; Preferred Alternatives (lansoprazole)
<i>prevalite oral powder</i>	T1	MM
<i>prevalite oral powder in packet</i>	T1	MM
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	T3	MM; Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	T3	MM; Preferred Alternatives (denta 5000 plus, sf 5000 plus)

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	T3	MM
PREVIDENT 5000 PLUS DENTAL CREAM	T3	BP; MM; Preferred Alternatives (sodium fluoride)
PREVIDENT 5000 SENSITIVE DENTAL PASTE	T3	MM; Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT DENTAL GEL	T3	BP; MM; Preferred Alternatives (sodium fluoride)
PREVIDENT DENTAL SOLUTION	T3	BP; MM; Preferred Alternatives (sodium fluoride)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVYMIS ORAL TABLET	T2	QL
PREZCOBIX ORAL TABLET	T3	MM; Preferred Alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, PREZISTA)
PREZISTA ORAL SUSPENSION	T2	MM
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
PREZISTA ORAL TABLET 600 MG, 800 MG	T3	BP; MM; Preferred Alternatives (darunavir)
PRIFTIN ORAL TABLET	T2	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	T3	MM; QL; Preferred Alternatives (dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
PRIMACARE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>primaquine oral tablet</i>	T1	QL
PRIMEAIRE SPACER	T2	
PRIMIDONE ORAL TABLET 125 MG	T3	MM; Preferred Alternatives (primidone)
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	MM
PRIMSOL ORAL SOLUTION	T3	Preferred Alternatives (trimethoprim)
PRIORIX (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTIO N	T2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (desvenlafaxine succinate er)

Drug Name	Drug Tier	Requirements/ Limits
PRO VOICE V8 GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRO VOICE V8- V9 TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRO VOICE V9 GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	MM; QL; Preferred Alternatives (ALBUTEROL SULFATE HFA, VENTOLIN HFA)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (ALBUTEROL SULFATE HFA, VENTOLIN HFA)
<i>probenecid oral tablet</i>	T1	MM
<i>probenecid- colchicine oral tablet</i>	T1	MM
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (nifedipine er)
<i>procentra oral solution</i>	T1	MM
PROCHAMBER SPACER	T2	
<i>prochlorperazine maleate oral tablet</i>	T1	
<i>prochlorperazine rectal suppository</i>	T1	
PROCORT RECTAL CREAM	T3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
PROCRIT INJECTION SOLUTION	T2	ST; SP; MM
PROCTOCORT RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (hydrocortisone acetate)

Drug Name	Drug Tier	Requirements/ Limits
PROCTOFOAM HC RECTAL FOAM	T3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
<i>procto-med hc topical cream with perineal applicator</i>	T1	
<i>proctosol hc topical cream with perineal applicator</i>	T1	
<i>proctozone-hc topical cream with perineal applicator</i>	T1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	T3	ST; SP; MM; Preferred Alternatives (CYSTAGON)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	T3	ST; SP; MM; Preferred Alternatives (CYSTAGON)
PRODIGY AUTOCODE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
PRODIGY AUTOCODE MONITOR SYST	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRODIGY CONTROL SOLUTION, LOW SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY NO CODING STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRODIGY POCKET METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRODIGY VOICE GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>progesterone intramuscular oil</i>	T1	SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>progesterone micronized oral capsule</i>	T1	MM
PROGLYCEM ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (diazoxide)
PROGRAF ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (TACROLIMUS)
PROGRAF ORAL GRANULES IN PACKET	T2	MM
PROLENSA OPTHALMIC (EYE) DROPS	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
PROMACTA ORAL POWDER IN PACKET	T2	PA; SP; MM; LA
PROMACTA ORAL TABLET	T2	PA; SP; MM; LA
<i>promethazine oral syrup</i>	T1	
<i>promethazine oral tablet</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine vc oral syrup</i>	T1	
<i>promethazine vc-codeine oral syrup</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>promethegan rectal suppository</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
PROMETRIUM ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (progesterone)
<i>propafenone oral capsule, extended release 12 hr</i>	T1	MM
<i>propafenone oral tablet</i>	T1	MM
<i>proparacaine ophthalmic (eye) drops</i>	T1	
<i>propranolol oral capsule, extended release 24 hr</i>	T1	MM
<i>propranolol oral solution</i>	T1	MM
<i>propranolol oral tablet</i>	T1	MM
<i>propranolol-hydrochlorothiazid oral tablet</i>	T1	MM
<i>propylthiouracil oral tablet</i>	T1	MM
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
PROSCAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (finasteride)
PROTHELIAL MUCOUS MEMBRANE PASTE	T3	SP
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	T3	BP; MM; Preferred Alternatives (pantoprazole sodium)

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Drug Name	Drug Tier	Requirements/ Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	T3	BP; MM; QL; Preferred Alternatives (pantoprazole sodium)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	T3	BP; MM; Preferred Alternatives (pantoprazole sodium)
<i>protriptyline oral tablet</i>	T1	MM
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	T3	BP; MM; QL; Preferred Alternatives (albuterol sulfate hfa)
PROVERA ORAL TABLET	T3	BP; MM; Preferred Alternatives (medroxyprogesterone acetate)
PROVIDA OB ORAL CAPSULE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
PROVIGIL ORAL TABLET	T3	ST; BP; MM; QL; Preferred Alternatives (modafinil)
PROZAC ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (fluoxetine hcl)
<i>prudoxin topical cream</i>	T1	ST; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	MM; QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	T3	BP; MM; QL; Preferred Alternatives (budesonide)

Drug Name	Drug Tier	Requirements/ Limits
<i>pulmosal inhalation solution for nebulization</i>	T1	
PULMOZYME INHALATION SOLUTION	T2	PA; SP; MM
<i>purelax oral powder</i>	T1	
PURIXAN ORAL SUSPENSION	T2	SP; MM
PYLERA ORAL CAPSULE	T3	BP; Preferred Alternatives (bismuth-metronidazole-tetracycl)
<i>pyrazinamide oral tablet</i>	T1	
PYRIDIUM ORAL TABLET	T3	BP; Preferred Alternatives (phenazopyridine hcl)
<i>pyridostigmine bromide oral syrup</i>	T1	MM
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	T3	MM; Preferred Alternatives (pyridostigmine bromide)
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	MM
<i>pyridostigmine bromide oral tablet extended release</i>	T1	MM
<i>pyrimethamine oral tablet</i>	T1	PA; SP
PYRUKYND ORAL TABLET	T3	PA; SP; MM; QL
PYRUKYND ORAL TABLETS, DOSE PACK	T3	PA; SP; QL
QBRELIS ORAL SOLUTION	T3	ST; MM; Preferred Alternatives (lisinopril)

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Drug Name	Drug Tier	Requirements/ Limits
QBREXZA TOPICAL TOWELETTE	T3	PA; Preferred Alternatives (BROMI- LOTION)
QDOLO ORAL SOLUTION	T3	QL; Preferred Alternatives (tramadol hcl)
QELBREE ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	MM; Preferred Alternatives (atomoxetine hcl, clonidine hcl er, guanfacine hcl er)
QINLOCK ORAL TABLET	T3	PA; SP; MM; QL; Preferred Alternatives (imatinib mesylate, sorafenib, sunitinib malate, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT)
QNASL NASAL HFA AEROSOL INHALER	T2	MM; QL
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	PA; MM; QL; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, WEGOVY)
QTERN ORAL TABLET	T3	PA; MM; Preferred Alternatives (GLYXAMBI, STEGLUJAN)
QUADRACEL (PF) INTRAMUSCULA R SUSPENSION	T2	
QUADRACEL (PF) INTRAMUSCULA R SYRINGE	T2	

Drug Name	Drug Tier	Requirements/ Limits
QUALAQUIN ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (quinine sulfate)
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	T3	BP; MM; Preferred Alternatives (levonorg-eth estradiol, rivelsa)
QUAZEPAM ORAL TABLET	T3	Preferred Alternatives (estazolam, lorazepam)
QUDEXY XR ORAL CAPSULE,SPRIN KLE,ER 24HR	T3	BP; MM; Preferred Alternatives (topiramate er)
QUESTRAN LIGHT ORAL POWDER	T3	BP; MM; Preferred Alternatives (cholestyramine light)
QUESTRAN ORAL POWDER	T3	BP; MM; Preferred Alternatives (cholestyramine)
QUESTRAN ORAL POWDER IN PACKET	T3	BP; MM; Preferred Alternatives (cholestyramine)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1	MM
QUETIAPINE ORAL TABLET 150 MG	T3	MM; Preferred Alternatives (quetiapine fumarate)
<i>quetiapine oral tablet extended release 24 hr</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR	T2	MM
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	T2	MM
<i>quinapril oral tablet</i>	T1	MM
<i>quinapril- hydrochlorothiazide oral tablet</i>	T1	MM
<i>quinidine gluconate oral tablet extended release</i>	T1	MM
<i>quinidine sulfate oral tablet</i>	T1	MM
<i>quinine sulfate oral capsule</i>	T1	QL
QUINTET AC STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
QUINTET BLOOD GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>quit 2 buccal gum</i>	T1	
<i>quit 2 buccal lozenge</i>	T1	
<i>quit 4 buccal gum</i>	T1	
<i>quit 4 buccal lozenge</i>	T1	
QULIPTA ORAL TABLET	T2	PA; MM; QL
QUVIVIQ ORAL TABLET	T3	Preferred Alternatives (doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	T2	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	MM; QL; Preferred Alternatives (dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T1	MM
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	T2	PA; SP
RADIOGARDASE ORAL CAPSULE	T3	
RAGWITEK SUBLINGUAL TABLET	T2	PA; MM
<i>raloxifene oral tablet</i>	T1	MM
<i>ramelteon oral tablet</i>	T1	QL
<i>ramipril oral capsule</i>	T1	MM
<i>ranolazine oral tablet extended release 12 hr</i>	T1	MM
RAPAFLO ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (silodosin)
RAPAMUNE ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (sirolimus)
RAPAMUNE ORAL TABLET	T3	BP; MM; Preferred Alternatives (sirolimus)

Drug Name	Drug Tier	Requirements/ Limits
<i>rasagiline oral tablet</i>	T1	MM
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	T2	MM
RAVICTI ORAL LIQUID	T2	PA; SP; MM
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (calcitriol, doxercalciferol, paricalcitol)
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	ST; Preferred Alternatives (prednisone)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	T2	ST; SP; MM; QL; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	T2	ST; SP; QL; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	T2	ST; SP; QL; LA
REBINYN INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (ALPROLIX)
<i>reclipsen (28) oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
RECOMBINATE INTRAVENOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE)
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION	T2	
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE	T2	
RECORLEV ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (ketoconazole, LYSODREN)
RECTIV RECTAL OINTMENT	T2	
REDITREX (PF) SUBCUTANEOU S SYRINGE	T3	MM; Preferred Alternatives (OTREXUP, RASUVO)
REFUAH PLUS GLUCOSE CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
REFUAH PLUS GLUCOSE MONITOR KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
REFUAH PLUS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
REGLAN ORAL TABLET	T3	BP; Preferred Alternatives (metoclopramid e hcl)
REGRANEX TOPICAL GEL	T2	QL
RELAFEN DS ORAL TABLET	T3	MM; Preferred Alternatives (nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin)
RELAGARD VAGINAL GEL	T3	BP; Preferred Alternatives (fem ph)

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Drug Name	Drug Tier	Requirements/ Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	T3	QL; Preferred Alternatives (oseltamivir phosphate)
RELEUKO INJECTION SOLUTION	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)
RELEUKO SUBCUTANEOU S SYRINGE	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	T3	MM; Preferred Alternatives (dexmethylpheni date hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEW ER, QUILLIVANT XR)
RELION ALL-IN- ONE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
RELION CONFIRM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RELION CONFIRM- MICRO STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
RELION MICRO GLUCOSE MONITOR KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	T3	MM; Preferred Alternatives (HUMULIN 70-30)
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION	T3	MM; Preferred Alternatives (HUMULIN N)
RELION NOVOLIN R INJECTION SOLUTION	T3	MM; Preferred Alternatives (HUMULIN R)
RELION PRIME METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RELION PRIME TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTIMA STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
RELISTOR ORAL TABLET	T2	ST
RELISTOR SUBCUTANEOUS SOLUTION	T2	ST
RELISTOR SUBCUTANEOUS SYRINGE	T2	ST
RELPAX ORAL TABLET	T3	BP; QL; Preferred Alternatives (eletriptan hbr)
RELTONE ORAL CAPSULE	T3	MM; Preferred Alternatives (ursodiol)
RELYVRIO ORAL POWDER IN PACKET	T3	PA; SP; MM
REMERON ORAL TABLET 15 MG, 30 MG	T3	BP; MM; Preferred Alternatives (mirtazapine)
REMERON SOLTAB ORAL TABLET, DISINTEGRATING	T3	BP; MM; Preferred Alternatives (mirtazapine)
RENACIDIN IRRIGATION SOLUTION	T2	
<i>rena-vite oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
RENVELA ORAL POWDER IN PACKET	T3	BP; MM; QL; Preferred Alternatives (sevelamer carbonate)
RENVELA ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (sevelamer carbonate)
<i>repaglinide oral tablet</i>	T1	MM
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	T2	PA; MM
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	PA; MM
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; MM
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	T2	MM; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	T3	BP; MM; QL; Preferred Alternatives (cyclosporine)
RESTORIL ORAL CAPSULE	T3	BP; Preferred Alternatives (lorazepam)
RETACRIT INJECTION SOLUTION	T3	ST; SP; MM; Preferred Alternatives (ARANESP, PROCRT)

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (GAVRETO)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	T3	BP; Preferred Alternatives (tretinoin microsphere)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	T3	Preferred Alternatives (tretinoin microsphere)
RETIN-A MICRO TOPICAL GEL	T3	BP; Preferred Alternatives (tretinoin microsphere)
RETIN-A TOPICAL CREAM	T3	BP; Preferred Alternatives (tretinoin)
RETIN-A TOPICAL GEL	T3	BP; Preferred Alternatives (tretinoin)
RETROVIR ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (zidovudine)
RETROVIR ORAL SYRUP	T3	BP; MM; Preferred Alternatives (zidovudine)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	T3	ST; SP; BP; MM; QL; Preferred Alternatives (sildenafil citrate)
REVATIO ORAL TABLET	T3	ST; SP; BP; MM; QL; Preferred Alternatives (sildenafil citrate)

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Drug Name	Drug Tier	Requirements/ Limits
REVEAL BLOOD GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
REVEAL TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
REVLIMID ORAL CAPSULE	T2	PA; SP; MM; QL
REXULTI ORAL TABLET	T3	MM; Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T3	BP; MM; Preferred Alternatives (atazanavir sulfate)

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ ORAL POWDER IN PACKET	T2	MM
REYVOW ORAL TABLET	T3	PA; QL; Preferred Alternatives (NURTEC ODT, UBRELVY)
REZLIDHIA ORAL CAPSULE	T3	PA; SP; MM; QL; Preferred Alternatives (TIBSOVO)
REZUROCK ORAL TABLET	T3	PA; MM; QL; LA
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
RHOFADE TOPICAL CREAM	T3	PA; Preferred Alternatives (brimonidine tartrate)
RHOPRESSA OPHTHALMIC (EYE) DROPS	T2	MM
<i>ribavirin oral capsule</i>	T1	PA; SP; LA
<i>ribavirin oral tablet 200 mg</i>	T1	PA; SP; LA
RIDAURA ORAL CAPSULE	T2	MM
<i>rifabutin oral capsule</i>	T1	
<i>rifampin oral capsule</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
RIGHTEST GM550 SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RIGHTEST GS550 TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GT333 GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RIGHTEST GT333 TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
RILUTEK ORAL TABLET	T3	PA; BP; MM; Preferred Alternatives (riluzole)
<i>riluzole oral tablet</i>	T1	PA; MM
<i>rimantadine oral tablet</i>	T1	
<i>ringer's irrigation solution</i>	T1	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON	T3	MM; Preferred Alternatives (metformin hcl, metformin hcl er)
RIOMET ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (metformin hcl)
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	T1	MM; QL
<i>risedronate oral tablet 30 mg</i>	T1	QL
<i>risedronate oral tablet,delayed release (dr/ec)</i>	T1	MM; QL
RISPERDAL ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (risperidone)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	BP; MM; Preferred Alternatives (risperidone)
<i>risperidone oral solution</i>	T1	MM
<i>risperidone oral tablet</i>	T1	MM
<i>risperidone oral tablet,disintegrating</i>	T1	MM
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50	T3	BP; MM; Preferred Alternatives (methylphenidate er)
RITALIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (methylphenidate hcl)
RITEFLO AEROCHAMBER SPACER	T2	
<i>ritonavir oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine tartrate oral capsule</i>	T1	MM
<i>rivastigmine transdermal patch 24 hour</i>	T1	MM
<i>rivelsa oral tablets,dose pack,3 month</i>	T1	MM
RIXUBIS INTRAVENOUS RECON SOLN	T3	PA; SP; MM; LA; Preferred Alternatives (BENEFIX)
<i>rizatriptan oral tablet</i>	T1	QL
<i>rizatriptan oral tablet,disintegrating</i>	T1	QL
R-NATAL OB ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
ROBINUL FORTE ORAL TABLET	T3	BP; MM; Preferred Alternatives (glycopyrrolate)
ROBINUL ORAL TABLET	T3	BP; MM; Preferred Alternatives (glycopyrrolate)
ROCALTROL ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (calcitriol)
ROCALTROL ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (calcitriol)

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Drug Name	Drug Tier	Requirements/ Limits
ROCKLATAN OPHTHALMIC (EYE) DROPS	T3	MM; Preferred Alternatives (LATANOPROS T, RHOPRESSA, BETAXOLOL HCL, BIMATOPROST, DORZOLAMIDE -TIMOLOL, LEVOBUNOLOL HCL, TIMOLOL MALEATE)
<i>roflumilast oral tablet 250 mcg</i>	T1	MM; QL
<i>roflumilast oral tablet 500 mcg</i>	T1	MM
ROLVEDON SUBCUTANEOUS SYRINGE	T3	PA; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, NYVEPRIA, UDENYCA, ZIEXTENZO)
<i>ropinirole oral tablet</i>	T1	MM
<i>ropinirole oral tablet extended release 24 hr</i>	T1	MM
<i>rosadan topical cream</i>	T1	
<i>rosadan topical gel</i>	T1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	T3	Preferred Alternatives (metronidazole)
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	T3	Preferred Alternatives (metronidazole)
<i>rosula cleansing cloths topical pads, medicated</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ROSULA TOPICAL CLEANSER	T3	
<i>rosuvastatin oral tablet</i>	T1	MM; QL
ROSZET ORAL TABLET	T3	MM; QL; Preferred Alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
ROTARIX ORAL SUSPENSION	T2	
ROTATEQ VACCINE ORAL SOLUTION	T2	
ROWASA RECTAL ENEMA KIT	T3	BP; MM; Preferred Alternatives (mesalamine)
<i>roweepra oral tablet 500 mg</i>	T1	MM
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	PA; BP; QL; Preferred Alternatives (oxycodone hcl)
ROXYBOND ORAL TABLET, ORAL ONLY	T3	PA; QL; Preferred Alternatives (oxycodone hcl)
ROZEREM ORAL TABLET	T3	BP; QL; Preferred Alternatives (ramelteon)
ROZLYTREK ORAL CAPSULE	T2	PA; SP; MM; QL; LA
RUBRACA ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>rufinamide oral suspension</i>	T1	MM
<i>rufinamide oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	T3	PA; MM
RYALTRIS NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (azelastine hcl, azelastine-fluticasone, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl)
RYBELSUS ORAL TABLET 14 MG, 7 MG	T2	PA; MM; QL
RYBELSUS ORAL TABLET 3 MG	T2	PA; QL
RYCLOLA ORAL SOLUTION	T3	BP; Preferred Alternatives (dexchlorpheniramine maleate)
RYDAPT ORAL CAPSULE	T2	PA; SP; MM; QL; LA
RYTARY ORAL CAPSULE, EXTENDED RELEASE	T3	MM; Preferred Alternatives (carbidopa/levodopa, carbidopa-levodopa er)
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR	T3	BP; MM; Preferred Alternatives (propafenone hcl er)
RYVENT ORAL TABLET	T3	Preferred Alternatives (carbinoxamine)
SABRIL ORAL POWDER IN PACKET	T3	PA; SP; BP; MM; Preferred Alternatives (vigabatrin, vigadrone)

Drug Name	Drug Tier	Requirements/ Limits
SABRIL ORAL TABLET	T3	PA; SP; BP; MM; Preferred Alternatives (vigabatrin)
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	T2	MM
SAFYRAL ORAL TABLET	T3	BP; MM; Preferred Alternatives (drospirenone-eth estralevomel, tydemy)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE	T3	ST; MM; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
<i>sajazir subcutaneous syringe</i>	T1	ST; SP; QL; LA
SALAGEN (PILOCARPINE) ORAL TABLET	T3	BP; MM; Preferred Alternatives (pilocarpine hcl)
<i>salsalate oral tablet</i>	T1	MM
SAMSCA ORAL TABLET	T3	PA; SP; BP; QL; Preferred Alternatives (tolvaptan)
SANCUSO TRANSDERMAL PATCH WEEKLY	T3	Preferred Alternatives (granisetron hcl, ondansetron hcl)
SANDIMMUNE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (cyclosporine)
SANDIMMUNE ORAL SOLUTION	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T3	ST; SP; BP; MM; Preferred Alternatives (octreotide acetate)
SANTYL TOPICAL OINTMENT	T2	QL
SAPHRIS SUBLINGUAL TABLET	T3	BP; MM; Preferred Alternatives (asenapine maleate)
<i>sapropterin oral powder in packet</i>	T1	PA; SP; MM; LA
<i>sapropterin oral tablet, soluble</i>	T1	PA; SP; MM; LA
SAVAYSA ORAL TABLET	T3	MM; Preferred Alternatives (dabigatran etexilate, ELIQUIS, XARELTO)
SAVELLA ORAL TABLET	T2	MM
SAVELLA ORAL TABLETS, DOSE PACK	T2	
<i>saxagliptin oral tablet</i>	T1	MM; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	T1	MM; QL
SAXENDA SUBCUTANEOUS PEN INJECTOR	T3	PA; MM; QL; Preferred Alternatives (WEGOVY)
SCALACORT DK TOPICAL COMBO PACK	T3	
<i>scalacort topical lotion</i>	T1	
SCEMBLIX ORAL TABLET	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>scopolamine base transdermal patch 3 day</i>	T1	
SECUADO TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
SEGLENTIS ORAL TABLET	T3	PA; QL; Preferred Alternatives (celecoxib, tramadol hcl)
SEGLUROMET ORAL TABLET	T2	PA; MM; QL
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE	T3	BP; MM; Preferred Alternatives (prenatal plus, preplus)
SELECT-OB + DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
SELECT-OB ORAL TABLET, CHEWABLE	T3	MM; Preferred Alternatives (prenatal plus, preplus)
<i>selegiline hcl oral capsule</i>	T1	MM
<i>selegiline hcl oral tablet</i>	T1	MM
<i>selenium sulfide topical lotion</i>	T1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	T1	
SELRX TOPICAL SHAMPOO	T3	Preferred Alternatives (selenium sulfide)

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Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY ORAL SOLUTION	T2	MM
SELZENTRY ORAL TABLET 150 MG, 300 MG	T3	BP; MM; Preferred Alternatives (maraviroc)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2	MM
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
<i>se-natal 19 chewable oral tablet, chewable</i>	T1	MM
<i>se-natal-19 oral tablet</i>	T1	MM
SENSIPAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (cinacalcet hcl)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	T2	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
SERNIVO TOPICAL SPRAY WITH PUMP	T3	Preferred Alternatives (betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone acetonide, fluocinonide, triamcinolone acetonide)
SEROQUEL ORAL TABLET	T3	BP; MM; Preferred Alternatives (quetiapine fumarate)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (quetiapine fumarate er)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	T2	PA; SP; MM
SERTRALINE ORAL CAPSULE	T3	MM; Preferred Alternatives (sertraline hcl)
<i>sertraline oral concentrate</i>	T1	MM
<i>sertraline oral tablet</i>	T1	MM
<i>setlakin oral tablets, dose pack, 3 month</i>	T1	MM
<i>sevelamer carbonate oral powder in packet</i>	T1	MM; QL
<i>sevelamer carbonate oral tablet</i>	T1	MM; QL
<i>sevelamer hcl oral tablet</i>	T1	MM; QL
SEVENFACT INTRAVENOUS RECON SOLN	T2	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
SEYSARA ORAL TABLET	T3	Preferred Alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
<i>sf 5000 plus dental cream</i>	T1	MM
<i>sf dental gel</i>	T1	MM
SFROWASA RECTAL ENEMA	T3	BP; MM; Preferred Alternatives (mesalamine)
<i>sharobel oral tablet</i>	T1	MM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	
SIGNIFOR SUBCUTANEOUS SOLUTION	T2	PA; SP; MM
SIKLOS ORAL TABLET	T3	MM; Preferred Alternatives (DROXIA)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	T1	ST; SP; MM; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	T1	PA; SP; MM; QL
<i>sildenafil oral tablet</i>	T1	MM; QL
SILENOR ORAL TABLET	T3	BP; QL; Preferred Alternatives (doxepin hcl)

Drug Name	Drug Tier	Requirements/ Limits
SILIQ SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA)
<i>silodosin oral capsule</i>	T1	MM
SILVADENE TOPICAL CREAM	T3	BP; Preferred Alternatives (silver sulfadiazine)
<i>silver sulfadiazine topical cream</i>	T1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	MM; Preferred Alternatives (brimonidine tartrate, brinzolamide, dorzolamide-timolol)
<i>simliya (28) oral tablet</i>	T1	MM
<i>simpesse oral tablets,dose pack,3 month</i>	T1	MM
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	T2	ST; SP; MM; QL; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ)

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Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	T2	ST; SP; MM; QL; LA
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
<i>simvastatin oral tablet</i>	T1	MM; QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	T3	BP; MM; Preferred Alternatives (carbidopa/levodopa)
SINGULAIR ORAL GRANULES IN PACKET	T3	BP; MM; Preferred Alternatives (montelukast sodium)
SINGULAIR ORAL TABLET	T3	BP; MM; Preferred Alternatives (montelukast sodium)
SINGULAIR ORAL TABLET, CHEWABLE	T3	BP; MM; Preferred Alternatives (montelukast sodium)
SINUVA SINUS IMPLANT	T3	SP
<i>sirolimus oral solution</i>	T1	MM
<i>sirolimus oral tablet</i>	T1	MM
SIRTURO ORAL TABLET	T2	PA

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO ORAL TABLET	T3	Preferred Alternatives (linezolid)
SKYCLARYS ORAL CAPSULE	T3	PA; SP; MM
SKYRIZI SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T2	ST; SP; MM; QL; LA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	T2	ST; SP; MM; QL; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE	T3	PA; SP; MM; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
SLYND ORAL TABLET	T3	MM; Preferred Alternatives (camila, debilitane, errin, heather, norethindrone acetate, norlyda, sharobel)
SMART SENSE MONITORING SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SMARTEST CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
SMARTEST EJECT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST PERSONA STARTER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SMARTEST PRONTO STARTER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SMARTEST PROTEGE KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
SMARTTEST TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>smoothlax oral powder</i>	T1	
SOAANZ ORAL TABLET	T3	ST; MM; Preferred Alternatives (bumetanide, furosemide, torsemide)
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T1	
<i>sodium chloride 0.9 % injection solution</i>	T1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	T1	
<i>sodium chloride inhalation solution for nebulization</i>	T1	
<i>sodium chloride injection syringe</i>	T1	
<i>sodium chloride irrigation solution</i>	T1	
<i>sodium fluoride 5000 plus dental cream</i>	T1	MM
<i>sodium fluoride-pot nitrate dental paste</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
SODIUM OXYBATE ORAL SOLUTION	T2	PA; SP; MM
<i>sodium phenylbutyrate oral powder</i>	T1	PA; MM
<i>sodium phenylbutyrate oral tablet</i>	T1	PA; MM
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium,potassium ,mag sulfates oral recon soln</i>	T1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA)
SOGROYA SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; MM; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPPO)
<i>solifenacin oral tablet</i>	T1	MM
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN	T2	MM; QL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T3	BP; Preferred Alternatives (minocycline hcl er)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	T2	QL
SOLTAMOX ORAL SOLUTION	T3	MM; Preferred Alternatives (tamoxifen citrate)

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Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 AUDIBLE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SOLUS V2 AUDIBLE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SOMA ORAL TABLET	T3	BP; Preferred Alternatives (metaxalone, tizanidine hcl)
SOMAVERT SUBCUTANEOUS RECON SOLN	T2	PA; SP; MM
SOOLANTRA TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (ivermectin)
<i>sorafenib oral tablet</i>	T1	ST; SP; MM; QL; LA
SORBITOL IRRIGATION SOLUTION 3 %	T3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	T3	
SORILUX TOPICAL FOAM	T3	QL; Preferred Alternatives (calcipotriene, calcitriol)
<i>sotalol af oral tablet</i>	T1	MM
<i>sotalol oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
SOTYKTU ORAL TABLET	T3	ST; SP; MM; QL; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA)
SOTYLIZE ORAL SOLUTION	T2	MM
SOVALDI ORAL PELLETS IN PACKET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
SOVALDI ORAL TABLET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
SPACE CHAMBER SPACER	T2	
<i>spinosad topical suspension</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST	T2	MM; QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	T2	MM; QL
<i>spironolactone oral tablet</i>	T1	MM
<i>spironolactone-hydrochlorothiazide oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
SPORANOX ORAL CAPSULE	T3	BP; Preferred Alternatives (itraconazole)
SPORANOX ORAL SOLUTION	T3	BP; Preferred Alternatives (itraconazole)
<i>sprintec (28) oral tablet</i>	T1	MM
SPRITAM ORAL TABLET FOR SUSPENSION	T3	MM; Preferred Alternatives (levetiracetam, levetiracetam)
SPRIX NASAL SPRAY, NON-AEROSOL	T3	SP; QL; Preferred Alternatives (etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen)
SPRYCEL ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>sps (with sorbitol) oral suspension</i>	T1	
<i>sps (with sorbitol) rectal enema</i>	T1	
<i>sronyx oral tablet</i>	T1	MM
<i>ssd topical cream</i>	T1	
SSKI ORAL SOLUTION	T3	Preferred Alternatives (potassium iodide)
<i>sss 10-5 topical cream</i>	T1	
<i>sss 10-5 topical foam</i>	T1	
<i>st joseph aspirin oral tablet, chewable</i>	T1	MM
<i>st. joseph aspirin oral tablet, delayed release (drlec)</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
STALEVO 100 ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbidopa- levodopa- entacapone)
STALEVO 125 ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbidopa- levodopa- entacapone)
STALEVO 150 ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbidopa- levodopa- entacapone)
STALEVO 200 ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbidopa- levodopa- entacapone)
STALEVO 50 ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbidopa- levodopa- entacapone)
STALEVO 75 ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbidopa- levodopa- entacapone)
<i>stavudine oral capsule 40 mg</i>	T1	MM
STEGLATRO ORAL TABLET	T2	PA; MM; QL
STEGLUJAN ORAL TABLET	T2	PA; MM; QL
STELARA SUBCUTANEOU S SYRINGE	T2	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
STENDRA ORAL TABLET	T3	MM; QL; Preferred Alternatives (sildenafil citrate, tadalafil, vardenafil hcl)
STIMUFEND SUBCUTANEOU S SYRINGE	T3	ST; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, NYVEPRIA, UDENYCA, ZIEXTENZO)
STIOLTO RESPIMAT INHALATION MIST	T2	MM; QL
STIVARGA ORAL TABLET	T2	PA; SP; QL; LA
<i>stop smoking aid buccal lozenge</i>	T1	
STRATTERA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (atomoxetine hcl)
STRENSIQ SUBCUTANEOU S SOLUTION	T2	PA; SP; MM
<i>stress formula with iron oral tablet</i>	T1	
<i>stress formula with iron(sulf) oral tablet</i>	T1	
STRIBILD ORAL TABLET	T3	MM; Preferred Alternatives (BIKTARVY, GENVOYA)
STRIVERDI RESPIMAT INHALATION MIST	T2	MM; QL
STROMECTOL ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (ivermectin)

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Drug Name	Drug Tier	Requirements/ Limits
<i>strong iodine oral solution</i>	T1	
<i>strong iodine topical solution</i>	T1	
SUBOXONE SUBLINGUAL FILM	T3	BP; MM; Preferred Alternatives (buprenorphine- naloxone)
<i>subvenite oral tablet</i>	T1	MM
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	T1	
<i>subvenite starter (green) kit oral tablets,dose pack</i>	T1	
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	T1	
SUCRAID ORAL SOLUTION	T2	PA; SP; MM
<i>sucralfate oral suspension</i>	T1	MM
<i>sucralfate oral tablet</i>	T1	MM
SUFLAVE ORAL RECON SOLN	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T3	BP; MM; Preferred Alternatives (nisoldipine)
SULCONAZOLE TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)

Drug Name	Drug Tier	Requirements/ Limits
SULCONAZOLE TOPICAL SOLUTION	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
<i>sulfacetamide sodium (acne) topical suspension</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	T1	
<i>sulfacetamide sodium topical cleanser</i>	T1	
<i>sulfacetamide sodium topical cleanser, gel</i>	T1	
<i>sulfacetamide sodium topical shampoo</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	T1	
SULFACETAMID E SODIUM- SULFUR TOPICAL CLEANSER 8-4 %	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>sulfacetamide sodium-sulfur topical cream</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	T1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	T1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	T1	
<i>sulfacleanse 8-4 topical suspension</i>	T1	
<i>sulfadiazine oral tablet</i>	T1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFAMYLON TOPICAL CREAM	T2	
<i>sulfasalazine oral tablet</i>	T1	MM
<i>sulfasalazine oral tablet, delayed release (drlec)</i>	T1	MM
<i>sulfatrim oral suspension</i>	T1	
<i>sulindac oral tablet</i>	T1	MM
SUMADAN TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)

Drug Name	Drug Tier	Requirements/ Limits
SUMADAN TOPICAL KIT	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM	T3	
<i>sumatriptan nasal spray, non-aerosol</i>	T1	QL
<i>sumatriptan succinate oral tablet</i>	T1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	T1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	T1	QL
<i>sumatriptan succinate subcutaneous solution</i>	T1	QL
SUMAXIN CP TOPICAL KIT	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
SUMAXIN TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TOPICAL PADS, MEDICATED	T3	BP; Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TS TOPICAL SUSPENSION	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>sunitinib malate oral capsule</i>	T1	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA ORAL TABLET	T3	PA; SP
SUNOSI ORAL TABLET	T2	ST; MM; QL
<i>super b maxi complex oral tablet</i>	T1	MM
<i>super quints oral tablet</i>	T1	MM
SUPRAX ORAL CAPSULE	T3	BP; Preferred Alternatives (cefixime)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	T3	BP; Preferred Alternatives (cefixime)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T3	
SUPRAX ORAL TABLET,CHEWABLE	T3	Preferred Alternatives (cefaclor, cefdinir, cefpodoxime proxetil, cefprozil, cefuroxime axetil)
SUPREP BOWEL PREP KIT ORAL RECON SOLN	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
SURE-TEST EASYPLUS MINI METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SURE-TEST EASYPLUS MINI STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SUTAB ORAL TABLET	T2	
SUTENT ORAL CAPSULE	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (sunitinib malate)
<i>syeda oral tablet</i>	T1	MM
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	T3	MM; Preferred Alternatives (hyoscyamine sulfate)

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Drug Name	Drug Tier	Requirements/ Limits
<i>symax fastabs oral tablet, disintegrating</i>	T1	MM
<i>symax-sl sublingual tablet</i>	T1	MM
<i>symax-sr oral tablet extended release 12 hr</i>	T1	MM
SYMBICORT INHALATION HFA AEROSOL INHALER	T2	BP; MM; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	T3	BP; MM; Preferred Alternatives (olanzapine-fluoxetine hcl)
SYMDEKO ORAL TABLETS, SEQUENTIAL	T2	PA; SP; MM; QL
SYMFI LO ORAL TABLET	T2	BP; MM
SYMFI ORAL TABLET	T2	BP; MM
SYMJEPI INJECTION SYRINGE	T2	QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	T2	PA; MM; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	T2	PA; MM; QL
SYMPAZAN ORAL FILM	T3	MM; Preferred Alternatives (clobazam)
SYMPROIC ORAL TABLET	T2	
SYMTUZA ORAL TABLET	T2	MM
SYNALAR CREAM KIT TOPICAL CREAM	T3	Preferred Alternatives (fluocinolone acetone)

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	T3	Preferred Alternatives (fluocinolone acetone)
SYNALAR TOPICAL CREAM	T3	BP; Preferred Alternatives (fluocinolone acetone)
SYNALAR TOPICAL OINTMENT	T3	BP; Preferred Alternatives (fluocinolone acetone)
SYNALAR TOPICAL SOLUTION	T3	BP; Preferred Alternatives (fluocinolone acetone)
SYNALAR TS TOPICAL KIT	T3	Preferred Alternatives (fluocinolone acetone)
SYNAREL NASAL SPRAY, NON-AEROSOL	T2	PA
SYNDROS ORAL SOLUTION	T3	Preferred Alternatives (dronabinol)
SYNJARDY ORAL TABLET	T2	PA; MM; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA; MM; QL
SYNTHROID ORAL TABLET	T3	BP; MM; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
SYPRINE ORAL CAPSULE	T3	PA; BP; Preferred Alternatives (trientine hcl)
T:SLIM X2 BASAL-IQ INSULIN PMP	T3	

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Drug Name	Drug Tier	Requirements/ Limits
T:SLIM X2 CONTROL-IQ	T3	
TABLOID ORAL TABLET	T3	
TABRECTA ORAL TABLET	T2	PA; SP; MM; LA
TACLONEX TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (CALCIPOTRIENE-BETAMETHASONE DP)
TACLONEX TOPICAL SUSPENSION	T3	BP; QL; Preferred Alternatives (CALCIPOTRIENE-BETAMETHASONE DP)
<i>tacrolimus oral capsule</i>	T1	MM
<i>tacrolimus topical ointment</i>	T1	QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	T1	ST; SP; MM; QL
<i>tadalafil oral tablet</i>	T1	MM; QL
TADLIQ ORAL SUSPENSION	T3	ST; SP; MM; Preferred Alternatives (sildenafil citrate, tadalafil)
TAFINLAR ORAL CAPSULE	T2	PA; SP; MM; QL; LA
TAFINLAR ORAL TABLET FOR SUSPENSION	T2	PA; SP; MM; QL
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	T1	MM
TAGRISSO ORAL TABLET	T2	PA; SP; QL; LA
TAKE ACTION ORAL TABLET	T3	BP; QL

Drug Name	Drug Tier	Requirements/ Limits
TAKHZYRO SUBCUTANEOUS SOLUTION	T2	ST; SP; MM; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	T2	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T2	PA; SP; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	T2	PA; SP; QL; LA
TAMIFLU ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (oseltamivir phosphate)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; QL; Preferred Alternatives (oseltamivir phosphate)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tamoxifen oral tablet</i>	T1	MM
<i>tamsulosin oral capsule</i>	T1	MM
TAPERDEX ORAL TABLETS,DOSE PACK	T3	ST; Preferred Alternatives (dexamethasone)
TARCEVA ORAL TABLET	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (erlotinib hcl)
TARGADOX ORAL TABLET	T3	Preferred Alternatives (doxycycline hyclate)
TARGRETIN ORAL CAPSULE	T3	PA; SP; BP; MM; LA; Preferred Alternatives (bexarotene)
TARGRETIN TOPICAL GEL	T3	PA; SP; BP; LA; Preferred Alternatives (bexarotene)
<i>tarina 24 fe oral tablet</i>	T1	MM
<i>tarina fe 1/20 (28) oral tablet</i>	T1	MM
<i>taron-c dha oral capsule</i>	T1	MM
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	T3	PA; SP; QL; Preferred Alternatives (methylprednisolone, prednisone)
TASCENSO ODT ORAL TABLET,DISINTEGRATING	T3	ST; SP; MM; QL
TASIGNA ORAL CAPSULE	T2	PA; SP; MM; QL; LA
<i>tasimelteon oral capsule</i>	T1	PA; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
TASMAR ORAL TABLET 100 MG	T3	PA; BP; MM; Preferred Alternatives (tolcapone)
<i>tavaborole topical solution with applicator</i>	T1	
TAVALISSE ORAL TABLET	T2	PA; SP; QL; LA
TAVNEOS ORAL CAPSULE	T3	PA; SP; MM; QL; Preferred Alternatives (azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE)
<i>taysofy oral capsule</i>	T1	MM
TAYTULLA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (gemmily, merzee, norethindrone-e.estradiol-iron, taysofy)
<i>tazarotene topical cream</i>	T1	PA
TAZAROTENE TOPICAL FOAM	T3	PA; Preferred Alternatives (tazarotene, tretinoin)
<i>tazarotene topical gel</i>	T1	PA
TAZORAC TOPICAL CREAM 0.05 %	T3	PA; Preferred Alternatives (tazarotene)
TAZORAC TOPICAL CREAM 0.1 %	T3	PA; BP; Preferred Alternatives (tazarotene)
TAZORAC TOPICAL GEL	T3	PA; BP; Preferred Alternatives (tazarotene)

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Drug Name	Drug Tier	Requirements/ Limits
<i>taztia xt oral capsule, extended release 24 hr</i>	T1	MM
TAZVERIK ORAL TABLET	T3	PA; SP; MM; LA
TDVAX INTRAMUSCULAR SUSPENSION	T2	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)-240 MG (46)	T3	ST; SP; BP; QL; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 240 MG	T3	ST; SP; BP; MM; QL; LA
TEGRETOL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (carbamazepine)
TEGRETOL ORAL TABLET	T3	BP; MM; Preferred Alternatives (carbamazepine)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; MM; Preferred Alternatives (carbamazepine)
TEGSEDI SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; QL
TEKTURNA HCT ORAL TABLET	T2	MM
TEKTURNA ORAL TABLET	T3	BP; MM; Preferred Alternatives (aliskiren)

Drug Name	Drug Tier	Requirements/ Limits
TELCARE CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
TELCARE TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>telmisartan oral tablet</i>	T1	MM
<i>telmisartan-amlodipine oral tablet</i>	T1	MM
<i>telmisartan-hydrochlorothiazide oral tablet</i>	T1	MM
<i>temazepam oral capsule</i>	T1	Preferred Alternatives (lorazepam)
TEMBEXA ORAL SUSPENSION	T3	
TEMBEXA ORAL TABLET	T3	
TEMOVATE TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (clobetasol propionate)

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Drug Name	Drug Tier	Requirements/ Limits
<i>temozolomide oral capsule</i>	T1	PA; SP; LA
TEMPO WELCOME KIT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>tencon oral tablet</i>	T1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	T3	Preferred Alternatives (TETANUS DIPHTHERIA TOXOIDS)
TENIVAC (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (TETANUS DIPHTHERIA TOXOIDS)
<i>tenofovir disoproxil fumarate oral tablet</i>	T1	MM
TENORETIC 100 ORAL TABLET	T3	BP; MM; Preferred Alternatives (atenolol w/chlorthalidone)
TENORETIC 50 ORAL TABLET	T3	BP; MM; Preferred Alternatives (atenolol w/chlorthalidone)
TENORMIN ORAL TABLET	T3	BP; MM; Preferred Alternatives (atenolol)

Drug Name	Drug Tier	Requirements/ Limits
TEPMETKO ORAL TABLET	T3	PA; SP; MM; LA; Preferred Alternatives (TABRECTA)
<i>terazosin oral capsule</i>	T1	MM; QL
<i>terbinafine hcl oral tablet</i>	T1	
<i>terbutaline oral tablet</i>	T1	MM
<i>terconazole vaginal cream</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
<i>teriflunomide oral tablet</i>	T1	ST; SP; MM; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; MM; QL; LA; Preferred Alternatives (FORTEO, NATPARA, TYMLOS)
TERSI FOAM TOPICAL FOAM	T3	Preferred Alternatives (selenium sulfide)
TEST N'GO BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
TEST N'GO TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
TESTIM TRANSDERMAL GEL	T3	BP; MM; QL; Preferred Alternatives (testosterone)
<i>testosterone cypionate intramuscular oil</i>	T1	MM
<i>testosterone enanthate intramuscular oil</i>	T1	MM
<i>testosterone transdermal gel</i>	T1	MM; QL
<i>testosterone transdermal gel in metered-dose pump</i>	T1	MM; QL
<i>testosterone transdermal gel in packet</i>	T1	MM; QL
<i>testosterone transdermal solution in metered pump w/app</i>	T1	MM; QL
<i>tetrabenazine oral tablet</i>	T1	ST; SP; MM
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>tetracaine hcl ophthalmic (eye) drops</i>	T1	
<i>tetracycline oral capsule</i>	T1	
TEXACORT TOPICAL SOLUTION	T3	Preferred Alternatives (hydrocortisone butyrate)
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; MM; QL
THALITONE ORAL TABLET	T3	MM; Preferred Alternatives (chlorthalidone)
THALOMID ORAL CAPSULE	T2	PA; SP; MM; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	MM; Preferred Alternatives (theophylline anhydrous)
<i>theophylline oral elixir</i>	T1	MM
<i>theophylline oral solution</i>	T1	MM
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	MM
<i>theophylline oral tablet extended release 24 hr</i>	T1	MM
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	PA; SP; MM; Preferred Alternatives (tiopronin)
THIOLA ORAL TABLET	T3	PA; SP; BP; MM; Preferred Alternatives (tiopronin)
<i>thioridazine oral tablet</i>	T1	MM
<i>thiothixene oral capsule</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
THRIVITE RX ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
THYQUIDITY ORAL SOLUTION	T3	MM; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>thyroid (pork) oral tablet</i>	T1	MM
<i>tiadylt er oral capsule, extended release 24 hr</i>	T1	MM
<i>tiagabine oral tablet</i>	T1	MM
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (diltiazem er, taztia xt)
TIBSOVO ORAL TABLET	T2	PA; SP; MM; LA
TIGLUTIK ORAL SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (riluzole)
TIKOSYN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (dofetilide)
<i>tilia fe oral tablet</i>	T1	MM
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	T1	MM
<i>timolol maleate ophthalmic (eye) drops</i>	T1	MM
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	T1	MM
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate oral tablet</i>	T1	MM
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	T3	MM
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	T3	MM; Preferred Alternatives (TIMOLOL MALEATE, BETAXOLOL HCL, LEVOBUNOL L HCL)
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	T3	BP; MM; Preferred Alternatives (timolol maleate)
<i>tinidazole oral tablet</i>	T1	QL
<i>tiopronin oral tablet</i>	T1	PA; SP; MM
TIROSINT ORAL CAPSULE	T3	MM; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
TIROSINT-SOL ORAL SOLUTION	T3	MM; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	T1	
TIVICAY ORAL TABLET	T2	MM
TIVICAY PD ORAL TABLET FOR SUSPENSION	T2	MM
<i>tizanidine oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
TLANDO ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (testosterone, ANDRODERM)
TOBI INHALATION SOLUTION FOR NEBULIZATION	T3	ST; SP; BP; MM; QL; Preferred Alternatives (tobramycin sulfate)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	T2	ST; SP; MM; QL
TOBRADEX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (tobramycin-dexamethasone)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (tobramycin-dexamethasone)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	T1	ST; SP; MM; QL
<i>tobramycin inhalation solution for nebulization</i>	T1	ST; SP; MM; QL
<i>tobramycin ophthalmic (eye) drops</i>	T1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	T3	ST; SP; MM; QL; Preferred Alternatives (tobramycin sulfate, TOBI PODHALER)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS	T3	
TOBREX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (tobramycin sulfate)
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	T2	
TOLAK TOPICAL CREAM	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
<i>tolcapone oral tablet</i>	T1	PA; MM
<i>tolmetin oral capsule</i>	T1	MM
<i>tolmetin oral tablet 600 mg</i>	T1	MM
TOLSURA ORAL CAPSULE, SOLID DISPERSION	T3	ST; Preferred Alternatives (itraconazole)
<i>tolterodine oral capsule,extended release 24hr</i>	T1	MM
<i>tolterodine oral tablet</i>	T1	MM
<i>tolvaptan oral tablet 15 mg</i>	T1	PA; SP; MM; QL
<i>tolvaptan oral tablet 30 mg</i>	T1	PA; SP; QL
TOPAMAX ORAL CAPSULE, SPRINKLE	T3	BP; MM; Preferred Alternatives (topiramate)
TOPAMAX ORAL TABLET	T3	BP; MM; Preferred Alternatives (topiramate)

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Drug Name	Drug Tier	Requirements/ Limits
TOPICORT TOPICAL CREAM	T3	BP; Preferred Alternatives (desoximetason e)
TOPICORT TOPICAL GEL	T3	BP; Preferred Alternatives (desoximetason e)
TOPICORT TOPICAL OINTMENT	T3	BP; Preferred Alternatives (desoximetason e)
TOPICORT TOPICAL SPRAY, NON- AEROSOL	T3	BP; Preferred Alternatives (desoximetason e)
<i>topiramate oral capsule, sprinkle</i>	T1	MM
<i>topiramate oral capsule, extended release 24hr</i>	T1	MM
<i>topiramate oral capsule, sprinkle, e r 24hr</i>	T1	MM
<i>topiramate oral tablet</i>	T1	MM
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (metoprolol succinate)
<i>toremifene oral tablet</i>	T1	MM
<i>torsemide oral tablet</i>	T1	MM
TOSYMRA NASAL SPRAY, NON- AEROSOL	T3	QL; Preferred Alternatives (sumatriptan, zolmitriptan, ZOMIG)
TOUJEO MAX U- 300 SOLOSTAR SUBCUTANEOU S INSULIN PEN	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
TOUJEO SOLOSTAR U- 300 INSULIN SUBCUTANEOU S INSULIN PEN	T2	MM
<i>tovet emollient topical foam</i>	T1	QL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	T3	ST; BP; MM; Preferred Alternatives (fesoterodine fumarate er)
TRACLEER ORAL TABLET	T3	ST; SP; BP; MM; QL; Preferred Alternatives (bosentan)
TRACLEER ORAL TABLET FOR SUSPENSION	T2	PA; SP; MM; QL
TRADJENTA ORAL TABLET	T2	MM; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	T3	PA; QL; Preferred Alternatives (tramadol hcl er)
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	T3	PA; QL; Preferred Alternatives (tramadol hcl er)
TRAMADOL ORAL SOLUTION	T3	QL; Preferred Alternatives (tramadol hcl)
TRAMADOL ORAL TABLET 100 MG	T3	PA; QL; Preferred Alternatives (tramadol hcl)
<i>tramadol oral tablet 50 mg</i>	T1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	T1	PA; QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol oral tablet, er multiphase 24 hr</i>	T1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	T1	PA; QL
<i>trandolapril oral tablet</i>	T1	MM
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	T1	MM
<i>tranexamic acid oral tablet</i>	T1	MM
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	T3	BP; Preferred Alternatives (scopolamine)
<i>tranylcypromine oral tablet</i>	T1	MM
TRAVATAN Z OPHTHALMIC (EYE) DROPS	T3	BP; MM; Preferred Alternatives (travoprost)
<i>travoprost ophthalmic (eye) drops</i>	T1	MM
<i>trazodone oral tablet</i>	T1	MM
TRECTOR ORAL TABLET	T3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; MM; QL; LA
TREMFYA SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	T2	MM
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	T2	MM
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM
<i>tretinoin (antineoplastic) oral capsule</i>	T1	
<i>tretinoin microspheres topical gel</i>	T1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	T1	
<i>tretinoin topical cream</i>	T1	
<i>tretinoin topical gel</i>	T1	
TREXALL ORAL TABLET	T3	MM; Preferred Alternatives (methotrexate)
TREXIZ ORAL CAPSULE	T3	PA; QL; Preferred Alternatives (apap-caffeine-dihydrocodeine)
<i>triamcinolone acetonide dental paste</i>	T1	
<i>triamcinolone acetonide topical aerosol</i>	T1	QL
<i>triamcinolone acetonide topical cream</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide topical lotion</i>	T1	
<i>triamcinolone acetonide topical ointment</i>	T1	
<i>triamterene oral capsule</i>	T1	MM
<i>triamterene-hydrochlorothiazid oral capsule</i>	T1	MM
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	MM
<i>triazolam oral tablet</i>	T1	
TRIBENZOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (olmesartan-amlodipine-hctz)
<i>tri-buffered aspirin oral tablet</i>	T1	MM
TRICARE ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
TRICOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (fenofibrate)
<i>triderm topical cream</i>	T1	
<i>trientine oral capsule</i>	T1	PA
<i>tri-estarylla oral tablet</i>	T1	MM
TRIFERIC HEMODIALYSIS POWDER IN PACKET	T3	MM
TRIFERIC HEMODIALYSIS SOLUTION	T3	MM
<i>trifluoperazine oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine ophthalmic (eye) drops</i>	T1	
<i>trihexyphenidyl oral elixir</i>	T1	MM
<i>trihexyphenidyl oral tablet</i>	T1	MM
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA; MM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	T2	PA; SP; MM; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	T2	PA; SP; MM; QL
<i>tri-legest fe oral tablet</i>	T1	MM
TRILEPTAL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (oxcarbazepine)
TRILEPTAL ORAL TABLET	T3	BP; MM; Preferred Alternatives (oxcarbazepine)
<i>tri-lynyah oral tablet</i>	T1	MM
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (fenofibric acid)
<i>tri-lo-estarylla oral tablet</i>	T1	MM
<i>tri-lo-marzia oral tablet</i>	T1	MM
<i>tri-lo-mili oral tablet</i>	T1	MM
<i>tri-lo-sprintec oral tablet</i>	T1	MM
<i>trimethobenzamide oral capsule</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim oral tablet</i>	T1	
<i>tri-mili oral tablet</i>	T1	MM
<i>trimipramine oral capsule</i>	T1	MM
TRI-MIX (PAPAVRN- PHNTLMN-PGE1) INTRACAVERNO SAL RECON SOLN	T3	
TRIMO-SAN JELLY VAGINAL GEL	T2	
<i>trinatal rx 1 oral tablet</i>	T1	MM
<i>trinate oral tablet</i>	T1	MM
TRINTELLIX ORAL TABLET	T3	MM; Preferred Alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl)
<i>tri-nymyo oral tablet</i>	T1	MM
<i>tri-sprintec (28) oral tablet</i>	T1	MM
TRISTART DHA ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>tritocin topical ointment</i>	T1	
TRIUMEQ ORAL TABLET	T2	MM
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	T2	MM
<i>tri-vitamin with fluoride oral drops</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>trivora (28) oral tablet</i>	T1	MM
<i>tri-vylibra lo oral tablet</i>	T1	MM
<i>tri-vylibra oral tablet</i>	T1	MM
TRIZIVIR ORAL TABLET	T3	BP; MM; Preferred Alternatives (abacavir- lamivudine- zidovudine)
TROKENDI XR ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (topiramate, topiramate er)
<i>tropicamide ophthalmic (eye) drops</i>	T1	
<i>trospium oral capsule,extended release 24hr</i>	T1	MM
<i>trospium oral tablet</i>	T1	MM
TRUDHESA NASAL SPRAY, NON- AEROSOL	T3	QL; Preferred Alternatives (dihydroergotam ine mesylate)
TRUE METRIX AIR GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUE METRIX GLUCOSE TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
TRUE METRIX GO GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX LEVEL 1 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUETEST TEST STRIPS STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUETRACK SMART SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUETRACK TEST STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
TRULANCE ORAL TABLET	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
TRULICITY SUBCUTANEOU S PEN INJECTOR	T2	PA; MM; QL
TRUMENBA INTRAMUSCULA R SYRINGE	T2	
TRUSTEEL INFUSION SET 23" INFUSION SET	T2	MM
TRUSTEX LUBRICATED CONDOMS DEVICE	T2	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	T2	
TRUVADA ORAL TABLET	T3	BP; MM; Preferred Alternatives (emtricitabine- tenofovir disop)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (INCRUSE ELLIPTA, SPIRIVA RESPIMAT, SPIRIVA)
TUKYSA ORAL TABLET	T3	PA; SP; MM; QL; LA
<i>tulana oral tablet</i>	T1	MM
TURALIO ORAL CAPSULE 125 MG	T3	PA; SP; MM; QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	T3	
TUZISTRA XR ORAL SUSPENSION,EX TENDED REL 12 HR	T3	ST; Preferred Alternatives (hydrocodone- chlorpheniramin e, promethazine w/codeine)

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Drug Name	Drug Tier	Requirements/ Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	T2	
TWIRLA TRANSDERMAL PATCH WEEKLY	T3	MM; Preferred Alternatives (BLISOVI FE, ETONOGESTREL-ETHINYL ESTRADIOL, HAILEY FE, JUNEL FE, XULANE, LO LOESTRIN FE)
TWYNEO TOPICAL CREAM	T3	Preferred Alternatives (adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin)
TYBLUME ORAL TABLET,CHEWABLE	T3	MM; Preferred Alternatives (altavera, aviane, falmina, lessina, levonorgestrel-eth estradiol, portia, vienva)
TYBOST ORAL TABLET	T3	MM; Preferred Alternatives (ritonavir, NORVIR)
<i>tydemy oral tablet</i>	T1	MM
TYKERB ORAL TABLET	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (lapatinib)
TYMLOS SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	T3	MM; Preferred Alternatives (cyclosporine, RESTASIS MULTIDOSE, XIIDRA)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG	T2	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T2	PA; SP; MM
TYVASO INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP; MM
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP; MM
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP
UBRELVY ORAL TABLET	T2	PA; QL
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	T3	BP; Preferred Alternatives (budesonide er)
UCERIS RECTAL FOAM	T2	BP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T2	ST; SP; QL

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Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SUBCUTANEOUS SYRINGE	T2	ST; SP; QL
ULESFIA TOPICAL LOTION	T3	Preferred Alternatives (ivermectin, permethrin, malathion, spinosad)
ULORIC ORAL TABLET	T3	BP; MM; Preferred Alternatives (febuxostat)
ULTIMA MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ULTRATRAK GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ULTRATRAK STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ULTRATRAK ULTIMATE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ULTRATRAK ULTIMATE STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE TOPICAL LOTION	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
UNISTRIP LOW CONTROL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
UNISTRIP1 TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>unithroid oral tablet</i>	T1	MM
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	PA
UPTRAVI ORAL TABLET	T2	PA; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI ORAL TABLETS,DOSE PACK	T2	PA; SP; QL
URELLE ORAL TABLET	T3	Preferred Alternatives (phosphasal, uretron d-s)
<i>uretron d-s oral tablet</i>	T1	
URIBEL ORAL CAPSULE	T3	Preferred Alternatives (USTELL)
URIMAR-T ORAL CAPSULE	T3	
<i>urimar-t oral tablet</i>	T1	
URNEVA ORAL CAPSULE	T3	
<i>uro-458 oral tablet</i>	T1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	T3	BP; MM; Preferred Alternatives (potassium citrate er)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	T3	BP; MM; Preferred Alternatives (potassium citrate er)
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	T3	BP; MM; Preferred Alternatives (potassium citrate er)
<i>urogesic-blue oral tablet</i>	T1	
<i>uro-mp oral capsule</i>	T1	
UROQID-ACID NO.2 ORAL TABLET	T3	Preferred Alternatives (methenamine mandelate)
<i>uro-sp oral capsule</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (alfuzosin hcl er)
URSO 250 ORAL TABLET	T3	BP; MM; Preferred Alternatives (ursodiol)
URSO FORTE ORAL TABLET	T3	BP; MM; Preferred Alternatives (ursodiol)
<i>ursodiol oral capsule</i>	T1	MM
<i>ursodiol oral tablet</i>	T1	MM
<i>uryl oral tablet</i>	T1	
<i>utira-c oral tablet</i>	T1	
VAGIFEM VAGINAL TABLET	T3	BP; MM; Preferred Alternatives (estradiol, yuvafem)
<i>valacyclovir oral tablet</i>	T1	MM; QL
VALCHLOR TOPICAL GEL	T2	PA; SP; MM
VALCYTE ORAL RECON SOLN	T3	BP; MM; Preferred Alternatives (valganciclovir hcl)
VALCYTE ORAL TABLET	T3	BP; MM; Preferred Alternatives (valganciclovir hcl)
<i>valganciclovir oral recon soln</i>	T1	MM
<i>valganciclovir oral tablet</i>	T1	MM
VALIUM ORAL TABLET	T3	BP; Preferred Alternatives (diazepam)

Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	T1	MM
<i>valproic acid oral capsule</i>	T1	MM
VALSARTAN ORAL SOLUTION	T3	MM; Preferred Alternatives (valsartan)
<i>valsartan oral tablet</i>	T1	MM
<i>valsartan- hydrochlorothiazid e oral tablet</i>	T1	MM
VALTOCO NASAL SPRAY, NON- AEROSOL	T3	Preferred Alternatives (NAYZILAM)
VALTREX ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (valacyclovir)
<i>vanadom oral tablet</i>	T1	Preferred Alternatives (metaxalone, tizanidine hcl)
VANCOCIN ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (vancomycin hcl)
<i>vancomycin oral capsule</i>	T1	QL
<i>vancomycin oral recon soln</i>	T1	QL
<i>vandazole vaginal gel</i>	T1	
VANFLYTA ORAL TABLET	T3	PA; SP; MM
VANOS TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (fluocinonide)
VANOXIDE-HC TOPICAL SUSPENSION	T3	

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Drug Name	Drug Tier	Requirements/ Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION	T3	Preferred Alternatives (HAVRIX)
VAQTA (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (HAVRIX)
<i>varденаfil oral tablet</i>	T1	MM; QL
<i>varденаfil oral tablet, disintegrating</i>	T1	MM; QL
<i>varenicline oral tablet</i>	T1	
<i>varenicline oral tablets, dose pack</i>	T1	
VARISOFT INFUSION SET 23" INFUSION SET	T2	MM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
VARUBI ORAL TABLET	T2	
VASCEPA ORAL CAPSULE	T2	BP; MM
VASERETIC ORAL TABLET	T3	BP; MM; Preferred Alternatives (enalapril maleate/hctz)
VASOTEC ORAL TABLET	T3	BP; MM; Preferred Alternatives (enalapril maleate)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	T2	

Drug Name	Drug Tier	Requirements/ Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	T3	Preferred Alternatives (DAPTACEL, PENTACEL, IPOL, HIBERIX, PEDVAXHIB, ENGERIX-B, RECOMBIVAX HB)
VAXELIS (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (DAPTACEL, PENTACEL, IPOL, HIBERIX, PEDVAXHIB, ENGERIX-B, RECOMBIVAX HB)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	T2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	T2	
VCF CONTRACEPTIVE GEL VAGINAL GEL	T2	
VECAMEYL ORAL TABLET	T3	PA; MM; Preferred Alternatives (clonidine hcl, RESERPINE)
VECTICAL TOPICAL OINTMENT	T3	BP; Preferred Alternatives (calcitriol)
<i>velivet triphasic regimen (28) oral tablet</i>	T1	MM
VELPHORO ORAL TABLET, CHEWABLE	T2	MM; QL
VELTASSA ORAL POWDER IN PACKET	T2	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
VELTIN TOPICAL GEL	T3	Preferred Alternatives (clindamycin-benzoyl peroxide, clindamycin phos-tretinoin, clindamycin phosphate, tretinoin, ONEXTON)
VEMLIDY ORAL TABLET	T2	MM
VENCLEXTA ORAL TABLET	T2	PA; SP; MM; QL; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	T2	PA; SP; QL; LA
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	T3	MM; Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)
<i>venlafaxine oral capsule,extended release 24hr</i>	T1	MM
<i>venlafaxine oral tablet</i>	T1	MM
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	T3	ST; SP; MM; Preferred Alternatives (TYVASO)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	T2	MM; QL
VEOZAH ORAL TABLET	T3	MM
<i>verapamil oral capsule, 24 hr er pellet ct</i>	T1	MM
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil oral tablet</i>	T1	MM
<i>verapamil oral tablet extended release</i>	T1	MM
VERDESO TOPICAL FOAM	T3	Preferred Alternatives (alclometasone dipropionate, betamethasone valerate, desonide, desoximetasone , fluocinolone acetonide, hydrocortisone butyrate, triamcinolone acetonide)
VEREGEN TOPICAL OINTMENT	T3	PA; QL; Preferred Alternatives (imiquimod, podofilox)
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	T3	BP; MM; Preferred Alternatives (verapamil er pm)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	T3	MM; QL; Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
VERQUVO ORAL TABLET	T2	MM
VERSACLOZ ORAL SUSPENSION	T3	MM; Preferred Alternatives (clozapine odt, clozapine)
VERZENIO ORAL TABLET	T2	ST; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
VESICARE LS ORAL SUSPENSION	T3	ST; MM; Preferred Alternatives (oxybutynin chloride, MYRBETRIQ)
VESICARE ORAL TABLET	T3	ST; BP; MM; Preferred Alternatives (solifenacin succinate)
<i>vestura (28) oral tablet</i>	T1	MM
VFEND ORAL SUSPENSION FOR RECONSTITUTION	T3	PA; BP; Preferred Alternatives (voriconazole)
VFEND ORAL TABLET	T3	PA; BP; Preferred Alternatives (voriconazole)
V-GO 20 DEVICE	T2	MM
V-GO 30 DEVICE	T2	MM
V-GO 40 DEVICE	T2	MM
VIBERZI ORAL TABLET	T2	MM
VIBRAMYCIN ORAL CAPSULE 100 MG	T3	BP; Preferred Alternatives (doxycycline hyclate)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	T2	PA; MM; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	T2	PA; MM; QL
VIEKIRA PAK ORAL TABLETS,DOSE PACK	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
<i>vienva oral tablet</i>	T1	MM
<i>vigabatrin oral powder in packet</i>	T1	PA; SP; MM

Drug Name	Drug Tier	Requirements/ Limits
<i>vigabatrin oral tablet</i>	T1	PA; SP; MM
<i>vigadrone oral powder in packet</i>	T1	PA; SP; MM
<i>vigadrone oral tablet</i>	T1	PA; SP; MM
VIGAMOX OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (moxifloxacin hcl)
VIIBRYD ORAL TABLET	T3	BP; MM; Preferred Alternatives (vilazodone hcl)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T2	
VIJOICE ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>vilazodone oral tablet</i>	T1	MM
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC	T3	BP; MM; Preferred Alternatives (naproxen-esomeprazole mag)
VIMPAT ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (lacosamide)
VIMPAT ORAL TABLET	T3	BP; MM; Preferred Alternatives (lacosamide)
VIOKACE ORAL TABLET	T2	MM
<i>violele (28) oral tablet</i>	T1	MM
VIRACEPT ORAL TABLET	T2	MM
VIREAD ORAL POWDER	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	MM
VIREAD ORAL TABLET 300 MG	T3	BP; MM; Preferred Alternatives (tenofovir disoproxil fumarate)
VISTARIL ORAL CAPSULE	T3	BP; Preferred Alternatives (hydroxyzine pamoate)
VISTOGARD ORAL GRANULES IN PACKET	T2	PA; SP; QL
VITAFOL FE PLUS ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL GUMMIES ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL NANO ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
VITAFOL ULTRA ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL-OB ORAL TABLET	T3	MM; Preferred Alternatives (prenatal plus, preplus)
VITAFOL- OB+DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-ONE ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAMED MD ONE RX ORAL CAPSULE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,I R - DR,BIPHASE	T3	BP; MM; Preferred Alternatives (prena1 chew)
<i>vitamin b complex-folic acid oral tablet</i>	T1	MM
<i>vitamin k injection solution</i>	T1	
<i>vitamin k1 injection solution</i>	T1	
<i>vitamins a,c,d and fluoride oral drops</i>	T1	MM
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITATRUE ORAL COMBO PACK	T3	MM; Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITRAKVI ORAL CAPSULE	T2	PA; SP; MM; QL; LA
VITRAKVI ORAL SOLUTION	T2	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO CTRL SOLN- L1,2,3 SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
VIVAGUARD INO GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
VIVAGUARD INO SMART GLUC METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO TEST STRIP STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	T3	BP; MM; QL; Preferred Alternatives (estradiol)
VIVJOA ORAL CAPSULE	T3	PA; Preferred Alternatives (fluconazole)
VIVOTIF ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	T2	
VIZIMPRO ORAL TABLET	T2	PA; SP; MM; QL; LA
VOGELXO TRANSDERMAL GEL	T3	BP; MM; QL; Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	MM; QL; Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN PACKET	T3	MM; QL; Preferred Alternatives (testosterone)
<i>volnea (28) oral tablet</i>	T1	MM
VONJO ORAL CAPSULE	T2	PA; SP; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK	T3	Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	T3	Preferred Alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
<i>voriconazole oral suspension for reconstitution</i>	T1	PA
<i>voriconazole oral tablet</i>	T1	PA
VORTEX HOLDING CHAMBER SPACER	T2	
VOSEVI ORAL TABLET	T2	ST; SP; QL; LA
VOTRIENT ORAL TABLET	T2	ST; SP; MM; QL; LA
VOWST ORAL CAPSULE	T3	SP
VOXZOGO SUBCUTANEOUS RECON SOLN	T3	PA; SP; MM
VRAYLAR ORAL CAPSULE	T3	MM; Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR ORAL CAPSULE,DOSE PACK	T3	Preferred Alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl)
VTAMA TOPICAL CREAM	T3	QL; Preferred Alternatives (betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR)
VUITY OPHTHALMIC (EYE) DROPS	T3	MM
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	T2	ST; SP; MM; QL; LA
VUSION TOPICAL OINTMENT	T3	QL; Preferred Alternatives (miconazole nitrate, clotrimazole, ketoconazole, nystatin)
<i>vyfemla (28) oral tablet</i>	T1	MM
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	T3	SP; QL
<i>vylibra oral tablet</i>	T1	MM
VYNDAMAX ORAL CAPSULE	T2	PA; SP; MM; LA
VYNDAQEL ORAL CAPSULE	T2	PA; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
VYTORIN 10-10 ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYTORIN 10-20 ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYTORIN 10-40 ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYTORIN 10-80 ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYVANSE ORAL CAPSULE	T2	MM
VYVANSE ORAL TABLET,CHEWABLE	T2	MM
VYZULTA OPHTHALMIC (EYE) DROPS	T3	MM; Preferred Alternatives (bimatoprost, latanoprost, tafluprost, travoprost)
WAKIX ORAL TABLET	T3	ST; SP; MM; QL; Preferred Alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI)
<i>warfarin oral tablet</i>	T1	MM
<i>water for irrigation, sterile irrigation solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
WAVESENSE AMP KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
WAVESENSE CONTROL SOLUTION SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
WAVESENSE JAZZ STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

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Drug Name	Drug Tier	Requirements/ Limits
WAVESENSE PRESTO	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
WAVESENSE PRESTO STRIP	T3	MM; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML	T2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 2.4 MG/0.75 ML	T2	PA; MM; QL
WELCHOL ORAL POWDER IN PACKET	T3	BP; MM; Preferred Alternatives (colesevelam hcl)

Drug Name	Drug Tier	Requirements/ Limits
WELCHOL ORAL TABLET	T3	BP; MM; Preferred Alternatives (colesevelam hcl)
WELIREG ORAL TABLET	T3	PA; SP; MM
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	T3	BP; MM; Preferred Alternatives (bupropion sr)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (bupropion xl)
<i>wera (28) oral tablet</i>	T1	MM
<i>wescap-c dha oral capsule</i>	T1	MM
<i>wescap-pn dha oral capsule</i>	T1	MM
<i>wesnatal dha complete oral combo pack</i>	T1	MM
<i>wesnate dha oral capsule</i>	T1	MM
<i>westab plus oral tablet</i>	T1	MM
<i>westgel dha oral capsule</i>	T1	MM
WIDE-SEAL DIAPHRAGM	T3	
WILATE INTRAVENOUS RECON SOLN	T2	ST; SP; LA
WINLEVI TOPICAL CREAM	T3	PA; Preferred Alternatives (azelaic acid, clindamycin phosphate, clindamycin phos-tretinoin, dapson, erythromycin, tretinoin, ONEXTON)
<i>wintergreen oil oil</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
wixela inhub inhalation blister with device	T1	MM; QL
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)	T1	
wymzya fe oral tablet,chewable	T1	MM
XACIATO VAGINAL GEL	T2	
XADAGO ORAL TABLET	T3	MM; Preferred Alternatives (rasagiline mesylate, selegiline hcl)
XALATAN OPHTHALMIC (EYE) DROPS	T3	BP; MM; Preferred Alternatives (latanoprost)
XALKORI ORAL CAPSULE	T2	PA; SP; MM; QL; LA
XANAX ORAL TABLET	T3	BP; Preferred Alternatives (alprazolam)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (alprazolam er)
XARELTO DVT- PE TREAT 30D START ORAL TABLETS,DOSE PACK	T2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTIO N	T2	MM
XARELTO ORAL TABLET	T2	MM
XATMEP ORAL SOLUTION	T3	ST; MM; Preferred Alternatives (methotrexate)

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	T3	MM; Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI ORAL TABLET	T3	MM; Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XDEMVI OPHTHALMIC (EYE) DROPS	T3	
XELJANZ ORAL SOLUTION	T2	ST; SP; MM; QL; LA
XELJANZ ORAL TABLET	T2	ST; SP; MM; QL; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	T2	ST; SP; MM; QL; LA
XELODA ORAL TABLET	T3	ST; SP; BP; QL; LA; Preferred Alternatives (capecitabine)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	T3	MM; Preferred Alternatives (bimatoprost, latanoprost, tafluprost, travoprost)

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Drug Name	Drug Tier	Requirements/ Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (dextroampheta mine-amphet er, dextroampheta mine sulfate er, DYANAVEL XR, MYDAYIS, VYVANSE)
XEMBIFY SUBCUTANEOU S SOLUTION	T2	PA; SP; MM
XENAZINE ORAL TABLET	T3	ST; SP; BP; MM; Preferred Alternatives (tetrabenazine)
XENICAL ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (ALLI)
XENLETA ORAL TABLET	T3	Preferred Alternatives (azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin- clavulanate potass, cefdinir)
XEPI TOPICAL CREAM	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
XERESE TOPICAL CREAM	T3	Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)
XERMELO ORAL TABLET	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (FLUNISOLIDE, FLUTICASONE PROPIONATE, MOMETASONE FUROATE, QNASL)
XIFAXAN ORAL TABLET 200 MG	T2	PA; QL
XIFAXAN ORAL TABLET 550 MG	T2	PA; MM; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA; MM; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	T2	PA; MM; QL
XIMINO ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	Preferred Alternatives (minocycline hcl er)
XOFLUZA ORAL TABLET 40 MG, 80 MG	T3	QL; Preferred Alternatives (oseltamivir phosphate)
XOLAIR SUBCUTANEOU S SYRINGE	T2	PA; SP; MM; QL
XOLEGEL TOPICAL GEL	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
XOPENEX HFA INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ALBUTEROL SULFATE HFA, VENTOLIN HFA)

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Drug Name	Drug Tier	Requirements/ Limits
XOSPATA ORAL TABLET	T2	PA; SP; MM; QL; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 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), 80MG TWICE WEEK (160 MG/WEEK)	T3	PA; SP; MM; LA; Preferred Alternatives (bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID)
XTAMPZA ER ORAL CAP,SPRINKL,ER 12HR(DONT CRUSH)	T3	PA; QL; Preferred Alternatives (hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN)
XTANDI ORAL CAPSULE	T2	PA; SP; MM; QL; LA
XTANDI ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>xulane</i> <i>transdermal patch</i> <i>weekly</i>	T1	MM
XULTOPHY 100/3.6 SUBCUTANEOU S INSULIN PEN	T2	MM; QL
XURIDEN ORAL GRANULES IN PACKET	T2	PA; SP; MM
XYNTHA INTRAVENOUS SOLUTION	T2	ST; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	T2	ST; SP; MM; LA
XYOSTED SUBCUTANEOU S AUTO- INJECTOR	T3	MM; QL; Preferred Alternatives (testosterone enanthate, testosterone cypionate)
XYREM ORAL SOLUTION	T2	PA; SP; MM
XYWAV ORAL SOLUTION	T2	PA; SP; MM
YASMIN (28) ORAL TABLET	T3	BP; MM; Preferred Alternatives (drospirenone- ethinyl estradiol, ocella, syeda, zarah, zumandimine)
YAZ (28) ORAL TABLET	T3	BP; MM; Preferred Alternatives (drospirenone- ethinyl estradiol, jasmie, loryna, lo-zumandimine, nikki, vestura)
YONSA ORAL TABLET	T2	PA; SP; MM; QL; LA
YOSPRALA ORAL TABLET,IR,DELA YED REL,BIPHASIC	T3	ST; MM; Preferred Alternatives (aspirin, omeprazole, dexlansoprazole dr, esomeprazole magnesium, lansoprazole, pantoprazole sodium, rabeprazole sodium)

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Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR, KIT	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, AMJEVITA AUTOINJECTO R, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
YUFLYMA(CF) SUBCUTANEOU S SYRINGE KIT	T3	ST; SP; MM; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	T2	MM; QL
YUSIMRY(CF) PEN SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, AMJEVITA AUTOINJECTO R, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN)
<i>yuvafem vaginal tablet</i>	T1	MM
<i>zafemy transdermal patch weekly</i>	T1	MM
<i>zafirlukast oral tablet</i>	T1	MM
<i>zaleplon oral capsule</i>	T1	QL
ZANAFLEX ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (tizanidine hcl)
ZANAFLEX ORAL TABLET	T3	BP; MM; Preferred Alternatives (tizanidine hcl)

Drug Name	Drug Tier	Requirements/ Limits
<i>zarah oral tablet</i>	T1	MM
ZARONTIN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (ethosuximide)
ZARONTIN ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (ethosuximide)
ZARXIO INJECTION SYRINGE	T2	ST; SP
<i>zatean-pn dha oral capsule</i>	T1	MM
<i>zatean-pn plus oral capsule</i>	T1	MM
ZAVZPRET NASAL SPRAY, NON- AEROSOL	T3	QL; Preferred Alternatives (NURTEC ODT, UBRELVY)
ZCORT ORAL TABLETS, DOSE PACK	T3	ST; Preferred Alternatives (dexamethason e)
<i>zebutal oral capsule</i>	T1	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T3	QL; Preferred Alternatives (glucagon emergency kit, BAQSIMI, GVOKE)
ZEGALOGUE SYRINGE SUBCUTANEOU S SYRINGE	T3	QL; Preferred Alternatives (glucagon emergency kit, BAQSIMI, GVOKE)

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Drug Name	Drug Tier	Requirements/ Limits
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	T3	BP; MM; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
ZEGERID ORAL PACKET 20-1,680 MG	T3	BP; MM; QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
ZEGERID ORAL PACKET 40-1,680 MG	T3	BP; MM; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
ZEJULA ORAL CAPSULE	T2	PA; SP; MM; QL; LA
ZEJULA ORAL TABLET 100 MG	T2	PA; SP; MM; QL; LA
ZEJULA ORAL TABLET 200 MG, 300 MG	T2	PA; SP; MM; LA
ZELAPAR ORAL TABLET,DISINTEGRATING	T3	MM; Preferred Alternatives (rasagiline mesylate, selegiline hcl)
ZELBORAF ORAL TABLET	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ZELNORM ORAL TABLET	T3	Preferred Alternatives (lubiprostone, LINZESS, TRULANCE)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	T3	QL; Preferred Alternatives (sumatriptan succinate)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	BP; MM; Preferred Alternatives (paricalcitol)
<i>zenatane oral capsule</i>	T1	
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	T2	MM
<i>zenzedi oral tablet 10 mg, 5 mg</i>	T1	MM
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	T3	BP; MM; Preferred Alternatives (dextroamphetamine sulfate)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T3	MM; Preferred Alternatives (dextroamphetamine sulfate)
ZEPATIER ORAL TABLET	T2	ST; SP; QL; LA
ZEPOSIA ORAL CAPSULE	T2	ST; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK	T2	ST; SP; LA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK	T2	ST; SP; QL; LA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ZESTORETIC ORAL TABLET	T3	BP; MM; Preferred Alternatives (lisinopril-hctz)
ZESTRIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (lisinopril)
ZETIA ORAL TABLET	T3	BP; MM; Preferred Alternatives (ezetimibe)
ZETONNA NASAL HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (FLUNISOLIDE, FLUTICASONE PROPIONATE, MOMETASONE FUROATE, QNASL)
ZIAGEN ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (abacavir)
ZIAGEN ORAL TABLET	T3	BP; MM; Preferred Alternatives (abacavir)

Drug Name	Drug Tier	Requirements/ Limits
ZIANA TOPICAL GEL	T3	BP; Preferred Alternatives (clindamycin phos-tretinoin)
<i>zidovudine oral capsule</i>	T1	MM
<i>zidovudine oral syrup</i>	T1	MM
<i>zidovudine oral tablet</i>	T1	MM
ZIEXTENZO SUBCUTANEOUS SYRINGE	T2	ST; SP; QL
<i>zileuton oral tablet, er multiphase 12 hr</i>	T1	ST; MM
ZILXI TOPICAL FOAM	T3	Preferred Alternatives (azelaic acid, ivermectin, metronidazole, rosula, FINACEA)
ZIMHI INJECTION SYRINGE	T3	Preferred Alternatives (naloxone hcl)
<i>zingiber oral tablet</i>	T1	MM
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	BP; MM; Preferred Alternatives (tafluprost)
<i>ziprasidone hcl oral capsule</i>	T1	MM
ZIPSOR ORAL CAPSULE	T3	BP; Preferred Alternatives (diclofenac potassium)
ZIRGAN OPHTHALMIC (EYE) GEL	T3	Preferred Alternatives (trifluridine)
ZITHROMAX ORAL PACKET	T3	BP; Preferred Alternatives (azithromycin)

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (azithromycin)
ZITHROMAX ORAL TABLET 250 MG, 500 MG	T3	BP; Preferred Alternatives (azithromycin)
ZITHROMAX TRI-PAK ORAL TABLET	T3	BP; Preferred Alternatives (azithromycin)
ZITHROMAX Z-PAK ORAL TABLET	T3	BP; Preferred Alternatives (azithromycin)
ZMA CLEAR TOPICAL SUSPENSION	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	BP; MM; QL; Preferred Alternatives (simvastatin)
ZOKINVY ORAL CAPSULE	T3	PA; SP; MM; QL
ZOLINZA ORAL CAPSULE	T2	PA; SP; QL; LA
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	T1	QL
<i>zolmitriptan oral tablet</i>	T1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	T1	QL
ZOLOFT ORAL CONCENTRATE	T3	BP; MM; Preferred Alternatives (sertraline hcl)
ZOLOFT ORAL TABLET	T3	BP; MM; Preferred Alternatives (sertraline hcl)

Drug Name	Drug Tier	Requirements/ Limits
ZOLPIDEM ORAL CAPSULE	T3	QL; Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate)
<i>zolpidem oral tablet</i>	T1	QL
<i>zolpidem oral tablet, ext release multiphase</i>	T1	QL
<i>zolpidem sublingual tablet</i>	T1	QL
ZOMACTON SUBCUTANEOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPPO)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	T2	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	T3	BP; QL; Preferred Alternatives (zolmitriptan)
ZOMIG ORAL TABLET	T3	BP; QL; Preferred Alternatives (zolmitriptan)
ZONALON TOPICAL CREAM	T3	ST; BP; QL; Preferred Alternatives (pradoxin)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	T3	BP; MM; Preferred Alternatives (zonisamide)
ZONISADE ORAL SUSPENSION	T3	MM; Preferred Alternatives (zonisamide)
<i>zonisamide oral capsule</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
ZONTIVITY ORAL TABLET	T3	MM; Preferred Alternatives (clopidogrel, aspirin)
ZORTRESS ORAL TABLET	T3	BP; MM; LA; Preferred Alternatives (everolimus)
ZORYVE TOPICAL CREAM	T3	MM; QL; Preferred Alternatives (betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR)
<i>zovia 1-35 (28) oral tablet</i>	T1	MM
ZOVIRAX TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (acyclovir)
ZOVIRAX TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (acyclovir)
ZTALMY ORAL SUSPENSION	T2	PA; SP; MM
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED	T2	
ZUBSOLV SUBLINGUAL TABLET	T2	MM
<i>zumandimine (28) oral tablet</i>	T1	MM
ZUPLENZ ORAL FILM	T3	Preferred Alternatives (ondansetron odt, ondansetron hcl, granisetron hcl)

Drug Name	Drug Tier	Requirements/ Limits
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	T3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	T3	BP
ZYCLARA TOPICAL CREAM IN PACKET	T3	BP
ZYDELIG ORAL TABLET	T2	PA; SP; MM; QL; LA
ZYFLO ORAL TABLET	T3	ST; MM; Preferred Alternatives (zileuton, montelukast sodium, zafirlukast)
ZYKADIA ORAL TABLET	T2	PA; SP; MM; QL; LA
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (tobramycin-dexamethasone)
ZYLOPRIM ORAL TABLET 100 MG	T3	BP; MM; Preferred Alternatives (allopurinol)
ZYMAXID OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (gatifloxacin)

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Drug Name	Drug Tier	Requirements/ Limits
ZYPITAMAG ORAL TABLET	T3	MM; QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
ZYPREXA ORAL TABLET	T3	BP; MM; Preferred Alternatives (olanzapine)
ZYPREXA ZYDIS ORAL TABLET,DISINTE GRATING	T3	BP; MM; Preferred Alternatives (olanzapine odt)
ZYTIGA ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (abiraterone acetate)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; Preferred Alternatives (linezolid)
ZYVOX ORAL TABLET	T3	BP; Preferred Alternatives (linezolid)

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