

Alluma™ Access Formulary - January to March 2025

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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 (ARIPIRAZOLE)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	T3	Preferred Alternatives (ARIPIRAZOLE)
ABILIFY ORAL TABLET	T3	BP; MM; Preferred Alternatives (ARIPIRAZOLE)
<i>abiraterone oral tablet</i>	T1	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	T3	ST; SP; MM; QL; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; QL; Preferred Alternatives (ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR)
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	T2	
ABSORICA LD ORAL CAPSULE	T3	ST; Preferred Alternatives (ACUTANE, AMNESTEEM, CLARAVIS, ISOTRETINOIN, MYORISAN, ZENATANE)
ABSORICA ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (ACUTANE, AMNESTEEM, CLARAVIS, ISOTRETINOIN, MYORISAN, ZENATANE)

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Drug Name	Drug Tier	Requirements/ Limits
<i>acamprosate oral tablet, delayed release (dr/ec)</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)
ACCU-CHEK AVIVA 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)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
ACCU-CHEK GUIDE ME GLUCOSE MTR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC ORAL TABLET	T3	BP; MM; Preferred Alternatives (QUINAPRIL- HYDROCHLOR OTHIAZIDE)
<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)
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, 300 mg- 30 mg /12.5 ml</i>	T1	PA; QL

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Drug Name	Drug Tier	Requirements/ Limits
<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, DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (RABEPRAZOLE SODIUM)
<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
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	T3	PA; SP
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	T2	
ACTICLATE ORAL TABLET	T3	BP; Preferred Alternatives (DOXYCYCLINE HYCLATE)
ACTIMMUNE SUBCUTANEOUS SOLUTION	T2	PA; SP; MM
ACTIVELLA ORAL TABLET	T3	BP; MM; Preferred Alternatives (ESTRADIOL-NORETHINDRONE ACETAT)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
ACZONE TOPICAL GEL	T3	BP; Preferred Alternatives (DAPSONE)
ACZONE TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (DAPSONE)
ADACEL(TDAP ADOLESN/ADUL T)(PF) INTRAMUSCULA R SUSPENSION	T2	
ADACEL(TDAP ADOLESN/ADUL T)(PF) INTRAMUSCULA R SYRINGE	T2	
ADALIMUMAB- AACF SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
ADALIMUMAB- AACF SUBCUTANEOU S SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB- AACF(CF) PEN CROHNS SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
ADALIMUMAB- AACF(CF) PEN PS-UV SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
ADALIMUMAB- AATY SUBCUTANEOU S AUTO- INJECTOR, KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

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Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR)
ADALIMUMAB- ADAZ SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)
ADALIMUMAB- ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR)

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT	T2	ST; SP; MM; QL; LA
ADALIMUMAB- ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
ADALIMUMAB- ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
ADALIMUMAB- FKJP SUBCUTANEOUS PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADB(M)CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	T2	ST; SP; MM; QL; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	T2	ST; SP; MM; QL
<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	

Drug Name	Drug Tier	Requirements/ Limits
ADBRY SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; MM; QL
ADBRY SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; QL
ADCIRCA ORAL TABLET	T3	ST; SP; BP; MM; QL; Preferred Alternatives (TADALAFIL)
ADDERALL ORAL TABLET	T3	BP; MM; Preferred Alternatives (DEXTROAMP HETAMINE- AMPHETAMINE)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (DEXTROAMP HETAMINE- 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, INSULIN LISPRO KWIKPEN U- 100, LYUMJEV KWIKPEN U- 100)

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Drug Name	Drug Tier	Requirements/ Limits
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
ADRENALIN NASAL SOLUTION	T3	
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	T1	MM
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	T3	MM; Preferred Alternatives (LEVOTHYROX INE SODIUM, NP THYROID, ARMOUR THYROID)
<i>adult aspirin regimen oral tablet, delayed release (drlec)</i>	T1	MM
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
ADVATE INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
ADVOCATE REDI-CODE PLUS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

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, DISINTE G ER BIPHASE 24H	T3	MM; Preferred Alternatives (DEXTROAMP HETAMINE-AMPHET ER, LISDEXAMFET AMINE DIMESYLATE, DYANA VEL XR)
ADZYNMA INTRAVENOUS KIT	T3	PA; SP; LA
AEROCHAMBER MECHANICAL VENT SPACER	T2	
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 TRIV 2024-2025 (PF) INTRAMUSCULA R SYRINGE	T2	
AFLURIA TRIV 2024-2025 INTRAMUSCULA R 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
AGAMATRIX AMP GLUC MONITOR SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
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)
AGAMREE ORAL SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (PREDNISONE, PREDNISOLON E)
AGRYLIN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (ANAGRELIDE HYDROCHLOR IDE)
AIMOVIG AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 232- 14 MCG/ACTUATIO N	T3	MM; QL; Preferred Alternatives (BREYNA, BUDESONIDE- FORMOTEROL FUMARATE, FLUTICASONE- SALMETEROL, WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (BREYNA, BUDESONIDE- FORMOTEROL FUMARATE, FLUTICASONE- SALMETEROL, WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA)
AIRSUPRA INHALATION HFA AEROSOL INHALER	T2	MM
AJOVY AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; MM; QL
AJOVY SYRINGE SUBCUTANEOU S SYRINGE	T2	PA; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
AKEEGA ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (ABIRATERONE ACETATE, LYNPARZA, TALZENNA, XTANDI)
AKLIEF TOPICAL CREAM	T3	PA; Preferred Alternatives (ADAPALENE, TAZAROTENE, TRETINOIN, TRETINOIN MICROSPHERE)
AKTEN (PF) OPHTHALMIC (EYE) GEL	T3	
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

Drug Name	Drug Tier	Requirements/ Limits
ALCAINE OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (PROPARACAIN 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
<i>alfuzosin oral tablet extended release 24 hr</i>	T1	MM
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	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</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>almotriptan malate oral tablet</i>	T1	QL
ALOCRIL OPTHALMIC (EYE) DROPS	T3	Preferred Alternatives (AZELASTINE HCL, BEPOTASTINE BESILATE, CROMOLYN SODIUM, EPINASTINE HCL, OLOPATADINE HCL)
ALOGLIPTIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN HCL, JANUVIA, TRADJENTA)
ALOGLIPTIN-METFORMIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN-METFORMIN ER, 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, SAXAGLIPTIN HCL, JANUVIA, TRADJENTA)
ALOMIDE OPTHALMIC (EYE) DROPS	T3	Preferred Alternatives (AZELASTINE HCL, BEPOTASTINE BESILATE, CROMOLYN SODIUM, EPINASTINE HCL, OLOPATADINE HCL)

Drug Name	Drug Tier	Requirements/ Limits
<i>alosetron oral tablet</i>	T1	
ALPHAGAN P OPTHALMIC (EYE) DROPS	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	
ALPROLIX INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
ALREX OPTHALMIC (EYE) DROPS, SUSPENSION	T3	BP; Preferred Alternatives (LOTEPREDNOL ETABONATE)
ALTABAX TOPICAL OINTMENT	T3	QL; Preferred Alternatives (MUPIROICIN, MUPIROICIN)
<i>altacaine ophthalmic (eye) drops</i>	T1	
ALTACE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (RAMIPRIL)
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS	T3	BP
<i>altavera (28) oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; QL; Preferred Alternatives (ATORVASTATIN CALCIUM, FLUVASTATIN ER, LOVASTATIN, PITAVASTATIN CALCIUM, PRAVASTATIN SODIUM, ROSUVASTATIN CALCIUM, SIMVASTATIN)
ALTRENO TOPICAL LOTION	T3	Preferred Alternatives (TRETINOIN)
ALTUVIII INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
ALUNBRIG ORAL TABLET	T2	PA; SP; MM; QL; LA
ALUNBRIG ORAL TABLETS,DOSE PACK	T2	PA; SP; QL; LA
ALVAIZ ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (NPLATE, PROMACTA)
ALVESCO INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
<i>alvimopan oral capsule</i>	T1	
<i>alyacen 1/35 (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>alyacen 7/7/7 (28) oral tablet</i>	T1	MM
<i>alyq oral tablet</i>	T1	ST; SP; MM; QL
<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
<i>amcinonide topical cream</i>	T1	
<i>amcinonide topical ointment</i>	T1	
AMELUZ TOPICAL GEL	T3	
<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

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Drug Name	Drug Tier	Requirements/ Limits
<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	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR)
<i>amlodipine oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<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-hcthiaid 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	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<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
ANALPRAM-HC RECTAL CREAM 1-1 %	T3	Preferred Alternatives (HC PRAMOXINE, PRAMOXINE HCL W/HYDROCORTISONE)

Drug Name	Drug Tier	Requirements/ Limits
ANALPRAM-HC RECTAL CREAM 2.5-1 %	T3	BP; Preferred Alternatives (HC PRAMOXINE, PRAMOXINE HCL W/HYDROCORTISONE)
ANALPRAM-HC TOPICAL LOTION	T3	BP; Preferred Alternatives (HC PRAMOXINE, PRAMOXINE HCL W/HYDROCORTISONE)
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)
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)
ANGELIQ ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL-NORETHINDRONE ACETAT, JINTELI, MIMVEY, PREMPHASE, PREMPRO)

Drug Name	Drug Tier	Requirements/ Limits
ANNOVERA VAGINAL RING	T3	MM; QL; Preferred Alternatives (DROSPIRENONE-ETHINYL ESTRADIOL, ELURYNG, ETONOGESTREL-ETHINYL ESTRADIOL, JUNEL FE, NATAZIA, NEXTSTELLIS, TWIRLA)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
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)
<i>apexicon e topical cream</i>	T1	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)

Drug Name	Drug Tier	Requirements/ Limits
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)
APTOM ORAL TABLET	T3	MM; Preferred Alternatives (CARBAMAZEPINE, LACOSAMIDE, OXCARBAZEPINE, PREGABALIN, TOPIRAMATE, FYCOMPA)
APTIVUS ORAL CAPSULE	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
ARAKODA ORAL TABLET	T3	QL; Preferred Alternatives (ATOVAQUON E-PROGUANIL HCL, CHLOROQUIN E 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 (LEFLUNOMID E)
ARAZLO TOPICAL LOTION	T3	PA; Preferred Alternatives (ADAPALENE, TAZAROTENE, TRETINOIN, TRETINOIN MICROSPHER E)
ARCALYST SUBCUTANEOU S RECON SOLN	T3	ST; SP; MM; QL; Preferred Alternatives (ILARIS)
ARESTIN DENTAL CARTRIDGE	T3	SP

Drug Name	Drug Tier	Requirements/ Limits
AREXVY (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N	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 (ANASTROZOL E)
<i>aripiprazole oral solution</i>	T1	MM
<i>aripiprazole oral tablet</i>	T1	MM
<i>aripiprazole oral tablet, disintegratin g</i>	T1	MM
ARIXTRA SUBCUTANEOU S SYRINGE	T3	SP; BP; Preferred Alternatives (FONDAPARIN UX SODIUM)
<i>armodafinil oral tablet</i>	T1	ST; MM; QL
ARMOUR THYROID ORAL TABLET	T2	MM
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin childrens oral tablet,chewable</i>	T1	MM
<i>aspirin oral tablet,chewable</i>	T1	MM
<i>aspirin oral tablet,delayed release (drlec) 81 mg</i>	T1	MM
<i>aspirin- dipyridamole oral capsule, er multiphase 12 hr</i>	T1	MM
ASPIRIN- OMEPRazole ORAL TABLET,IR,DELA YED REL,BIPHASIC 81-40 MG	T3	ST; MM; Preferred Alternatives (ASPIRIN, OMEPRazole, DEXLANSOPR azole DR, ESOMEPRazo le MAGNESIUM, LANSOPRAZO le, PANTOPRAZO le SODIUM, RABEPRAZOL e SODIUM)
ASPRUZO SPRINKLE ORAL EXTEND RELEASE GRANULES,PAC KET	T3	MM; Preferred Alternatives (RANOLAZINE ER)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PLATINUM GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM MULTI METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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-HYDROCHLOROTHIAZID)

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>atomoxetine oral capsule</i>	T1	MM
ATORVALIQ ORAL SUSPENSION	T3	MM; QL; Preferred Alternatives (ATORVASTATIN CALCIUM, FLUVASTATIN ER, LOVASTATIN, PITAVASTATIN CALCIUM, PRAVASTATIN SODIUM, ROSUVASTATIN CALCIUM, SIMVASTATIN)
<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)

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Drug Name	Drug Tier	Requirements/ Limits
ATRIPLA ORAL TABLET	T3	BP; MM; Preferred Alternatives (EFAVIRENZ- EMTRIC- TENOFV DISOP)
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	T3	MM
<i>atropine ophthalmic (eye) drops 1 %</i>	T1	MM
<i>atropine ophthalmic (eye) ointment</i>	T1	MM
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	MM; Preferred Alternatives (ATROPINE SULFATE)
ATROVENT HFA INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (TIOTROPIUM BROMIDE, ANORO ELLIPTA, INCRUSE ELLIPTA, SEREVENT DISKUS, SPIRIVA RESPIMAT, STIOLTO 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

Drug Name	Drug Tier	Requirements/ Limits
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)
AUGTYRO ORAL CAPSULE	T3	PA; SP; MM; LA; Preferred Alternatives (ROZLYTREK, VITRAKVI)
<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
AURYXIA ORAL TABLET	T3	MM; Preferred Alternatives (LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL, VELPHORO)
AUSTEDO ORAL TABLET	T2	ST; SP; MM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	T2	ST; SP; MM

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Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	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-HYDROCHLOROTHIAZIDE)
<i>avanafil oral tablet</i>	T1	MM; QL
AVAPRO ORAL TABLET	T3	BP; MM; Preferred Alternatives (IRBESARTAN)
AVAR LS TOPICAL CLEANSER	T3	Preferred Alternatives (SULFACETAMIDE SODIUM-SULFUR)

Drug Name	Drug Tier	Requirements/ Limits
<i>avar topical cleanser</i>	T1	
AVAR-E 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	
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
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 spray, non-aerosol 137 mcg (0.1 %)</i>	T1	MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
<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)
AZOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (AMLODIPINE-OLMESARTAN)

Drug Name	Drug Tier	Requirements/ Limits
AZSTARYS ORAL CAPSULE	T3	MM; Preferred Alternatives (DEXMETHYLPHENIDATE HCL ER, METHYLPHENIDATE HCL CD, METHYLPHENIDATE ER, METHYLPHENIDATE LA, QUILLICHEW ER, QUILLIVANT XR)
AZULFIDINE EN-TABS 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)
<i>baclofen oral suspension</i>	T1	MM
<i>baclofen oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
BACTRIM DS ORAL TABLET	T3	BP; Preferred Alternatives (SULFAMETHO XAZOLE-TRIMETHOPRI M)
BACTRIM ORAL TABLET	T3	BP; Preferred Alternatives (SULFAMETHO XAZOLE-TRIMETHOPRI M)
BAFIERTAM ORAL CAPSULE,DELAY ED 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 (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANC E PLUS, WESTGEL DHA)
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	T1	MM
BALCOLTRA ORAL TABLET	T3	BP; MM; Preferred Alternatives (JOYEAUX, LEVONORG-ETH ESTRAD- FE BISGLYC)
<i>balsalazide oral capsule</i>	T1	
BALVERSA ORAL TABLET	T2	PA; SP; MM; LA
<i>balziva (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
BANZEL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (RUFINAMIDE)
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 SUBCUTANEOU S INSULIN PEN	T3	MM; Preferred Alternatives (INSULIN GLARGINE SOLOSTAR, LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOU S INSULIN PEN, SENSOR	T3	MM; Preferred Alternatives (INSULIN GLARGINE SOLOSTAR, LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
BAXDELA ORAL TABLET	T2	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	T1	MM
<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
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	ST; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (OLMESARTAN - HYDROCHLOROTHIAZIDE)
BENICAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (OLMESARTAN MEDOXOMIL)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; MM; QL; LA
BENLYSTA SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; QL; LA
BENZAMYCIN TOPICAL GEL	T3	BP; Preferred Alternatives (ERYTHROMYCIN-BENZOYL PEROXIDE)
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	T3	BP
<i>benzepril 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	

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Drug Name	Drug Tier	Requirements/ Limits
BEPREVE OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (BEPOTASTINE BESILATE)
<i>besser topical lotion</i>	T1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	Preferred Alternatives (CIPROFLOXA CIN HCL, GATIFLOXACIN , LEVOFLOXACI N, MOXIFLOXACI N 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate topical ointment</i>	T1	
<i>betamethasone, augmented topical cream</i>	T1	
<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 SUBCUTANEOU S 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, LEVOBUNOLO L HCL)

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Drug Name	Drug Tier	Requirements/ Limits
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	MM; Preferred Alternatives (BETAXOLOL HCL, CARTEOLOL HCL, LEVOBUNOL HCL, TIMOLOL MALEATE)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ANORO ELLIPTA, STIOLTO RESPIMAT)
<i>bexarotene oral capsule</i>	T1	ST; SP; MM; LA
<i>bexarotene topical gel</i>	T1	ST; SP; LA
BEXSERO INTRAMUSCULAR SYRINGE	T2	
BEYAZ ORAL TABLET	T3	BP; MM; Preferred Alternatives (DROSPIRENONE-ETH ESTRALVOMEF)
BEYFORTUS INTRAMUSCULAR SYRINGE	T2	
<i>bicalutamide oral tablet</i>	T1	MM
BIDIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (ISOSORBIDE DINIT-HYDRALAZINE)

Drug Name	Drug Tier	Requirements/ Limits
BIGFOOT UNITY KIT	T3	MM; QL; Preferred Alternatives (DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR, FREESTYLE LIBRE 3 SENSOR PLUS)
BIJUVA ORAL CAPSULE	T3	MM; Preferred Alternatives (AMABELZ, ESTRADIOL-NORETHINDRONE ACETAT, FYAVOLV, JINTELI, MIMVEY, PREMPHASE, PREMPRO)
BIKTARVY ORAL TABLET	T2	MM
BILTRICIDE ORAL TABLET	T3	BP; Preferred Alternatives (PRAZIQUANTEL)
<i>bimatoprost ophthalmic (eye) drops</i>	T1	MM
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T3	ST; SP; MM; QL; Preferred Alternatives (SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA)

Drug Name	Drug Tier	Requirements/ Limits
BIMZELX SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTO R, TREMFYA)
BINOSTO ORAL TABLET, EFFERVESCENT	T3	MM; QL; Preferred Alternatives (ALENDRONAT E SODIUM)
BIONIME RIGHTEST GM300 SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
<i>bismuth subcit k- metronidz-tcn oral capsule</i>	T1	
<i>bisoprolol fumarate oral tablet</i>	T1	MM
<i>bisoprolol- hydrochlorothiazid e 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)

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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
BLULINK DIABETIC TEST BUNDLE KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
BLULINK GLUCOSE MONITOR SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
BLULINK 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)
BONJESTA ORAL TABLET,IR,DELA YED REL,BIPHASIC	T3	QL; Preferred Alternatives (DOXYLAMINE SUCC-PYRIDOXINE HCL)
BOOSTRIX TDAP INTRAMUSCULA R SYRINGE	T2	
<i>bosentan oral tablet</i>	T1	ST; SP; MM; QL
BOSULIF ORAL CAPSULE	T2	PA; SP; MM; QL; LA
BOSULIF ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>bp 10-1 topical cleanser</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
BRAFTOVI ORAL CAPSULE	T2	SP; MM; QL; LA
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; QL; Preferred Alternatives (FARXIGA, JARDIANCE)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
BREXAFEMME ORAL TABLET	T3	Preferred Alternatives (FLUCONAZOLE)
<i>breynga inhalation hfa aerosol inhaler</i>	T1	MM; QL
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</i>	T1	MM
<i>brimonidine topical gel with pump</i>	T1	PA

Drug Name	Drug Tier	Requirements/ Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	T3	MM
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (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)
BROMFED DM ORAL SYRUP	T3	BP; 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-pseudoeph-dm oral syrup</i>	T1	
BROMSITE OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (BROMFENAC SODIUM)

Drug Name	Drug Tier	Requirements/ Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION	T3	BP; MM; QL; Preferred Alternatives (ARFORMOTE ROL TARTRATE)
BRUKINSA ORAL CAPSULE	T2	PA; SP; MM; LA
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>bumetanide oral tablet</i>	T1	MM
BUPHENYL ORAL POWDER	T3	ST; SP; BP; MM; Preferred Alternatives (SODIUM PHENYLBUTYRATE)

Drug Name	Drug Tier	Requirements/ Limits
BUPHENYL ORAL TABLET	T3	ST; SP; 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 deterrent) 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-acetaminophen-cod oral capsule</i>	T1	PA; QL
<i>butalbital-acetaminophen oral capsule</i>	T1	
<i>butalbital-acetaminophen oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<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 (BUPRENORP HINE)
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 (CHOLESTYRA MINE, NALTREXONE HYDROCHLOR IDE, RIFAMPIN, SERTRALINE HCL, URSODIOL)

Drug Name	Drug Tier	Requirements/ Limits
BYLVAY ORAL PELLET	T3	PA; SP; MM; QL; Preferred Alternatives (CHOLESTYRA MINE, NALTREXONE HYDROCHLOR IDE, RIFAMPIN, SERTRALINE HCL, 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
CABTREO TOPICAL GEL	T3	Preferred Alternatives (ADAPALENE, ADAPALENE- BENZOYL PEROXIDE, BENZOYL PEROXIDE, CLINDAMYCIN PHOSPHATE, CLINDAMYCIN- BENZOYL PEROXIDE, TRETINOIN, TRETINOIN MICROSPHER E)
CADUET ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (AMLODIPINE- ATORVASTATI N)
<i>caffeine citrate oral solution</i>	T1	
<i>calcipotriene scalp solution</i>	T1	QL
<i>calcipotriene topical cream</i>	T1	QL

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Drug Name	Drug Tier	Requirements/ Limits
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	
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	T1	MM
<i>calcitriol intravenous solution 1 mcg/ml</i>	T1	
<i>calcitriol oral capsule</i>	T1	MM
<i>calcitriol oral solution</i>	T1	MM
<i>calcitriol topical ointment</i>	T1	
<i>calcium acetate(phosphate bind) oral capsule</i>	T1	MM; QL
<i>calcium acetate(phosphate 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

Drug Name	Drug Tier	Requirements/ Limits
<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-hydrochlorothiazide oral tablet</i>	T1	MM
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	T3	
<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 (ARIPIRAZOLE, 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

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Drug Name	Drug Tier	Requirements/ Limits
<i>captopril-hydrochlorothiazide oral tablet</i>	T1	MM
CAPVAXIVE INTRAMUSCULAR SYRINGE	T2	
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; BP; MM
<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 100 mg</i>	T1	MM
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	T3	MM

Drug Name	Drug Tier	Requirements/ Limits
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	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	T3	Preferred Alternatives (CARBINOXAMINE, CETIRIZINE HCL, CLEMASTINE FUMARATE, DESLORATADINE, DIPHENHYDRAMINE HCL, FEXOFENADINE HCL, LEVOCETIRIZINE DIHYDROCHLORIDE)
<i>carbinoxamine maleate oral tablet</i>	T1	

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 CONTROL A AND B 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
CARESENS N	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
CARESENS N FELIZ GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

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Drug Name	Drug Tier	Requirements/ Limits
CARESENS N VOICE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
CARETOUCH GLUCOSE MONITORING KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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)
CARNITOR (SUGAR-FREE) ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (LEVOCARNITINE)
CARNITOR ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (LEVOCARNITINE)

Drug Name	Drug Tier	Requirements/ Limits
CARNITOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (LEVOCARNITINE)
CAROSPIR ORAL SUSPENSION	T3	ST; BP; 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)
CAVERJECT IMPULSE INTRACAVERNO SAL KIT	T2	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>cefixime oral suspension for reconstitution</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<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 (MYCOPHENO LATE MOFETIL)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; MM; Preferred Alternatives (MYCOPHENO LATE MOFETIL)
CELLCEPT ORAL TABLET	T3	BP; MM; Preferred Alternatives (MYCOPHENO LATE MOFETIL)
CELONTIN ORAL CAPSULE 300 MG	T3	BP; MM; Preferred Alternatives (METHSUXIMIDE)

Drug Name	Drug Tier	Requirements/ Limits
CENTANY AT TOPICAL OINTMENT KIT	T3	QL; Preferred Alternatives (MUPIROCIN, MUPIROCIN)
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; QL; Preferred Alternatives (CYCLOSPORINE, MIEBO, 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)

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Drug Name	Drug Tier	Requirements/ Limits
CHANTIX ORAL TABLET 1 MG	T3	Preferred Alternatives (VARENICLINE TARTRATE)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (VARENICLINE TARTRATE)
<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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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 INTRAMUSCULA R RECON SOLN	T3	ST; SP; QL; Preferred Alternatives (NOVAREL, OVIDREL)
CIALIS ORAL TABLET 10 MG, 20 MG	T3	BP; MM; QL; Preferred Alternatives (TADALAFIL)
CIALIS ORAL TABLET 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

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox topical solution</i>	T1	
<i>ciclopirox topical suspension</i>	T1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	T1	
<i>cilostazol oral tablet</i>	T1	MM
CILOXAN OPTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (CIPROFLOXACIN HCL, GATIFLOXACIN, LEVOFLOXACIN, MOXIFLOXACIN HCL, OFLOXACIN)
CIMDUO ORAL TABLET	T2	MM
<i>cimetidine hcl oral solution</i>	T1	MM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	MM
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, OTEZLA, RINVOQ, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
<i>cinacalcet oral tablet</i>	T1	MM
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	T3	Preferred Alternatives (CIPROFLOXACIN-DEXAMETHASONE)

Drug Name	Drug Tier	Requirements/ Limits
CIPRO ORAL SUSPENSION,MI CROCAPSULE 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	
<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 (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL MEDLEY ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANC E PLUS, WESTGEL DHA)
<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 (DESLOSTATAD INE)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	T3	QL; Preferred Alternatives (DESLOSTATAD INE, FEXOFENADIN E-PSE ER)
<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</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
CLENIA PLUS TOPICAL SUSPENSION	T3	Preferred Alternatives (SULFACETAMI DE SODIUM- SULFUR)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	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, METRONIDAZ OLE, XACIATO)
CLEVER CHEK BLOOD GLUCOSE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
CLEVER CHOICE MICRO	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE TALK GLUCOSE SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>clindamycin-tretinoin topical gel</i>	T1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	T3	Preferred Alternatives (CLINDAMYCIN PHOSPHATE, METRONIDAZOLE, XACIATO)
CLINPRO 5000 DENTAL PASTE	T3	MM; Preferred Alternatives (SODIUM FLUORIDE)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam oral suspension</i>	T1	MM
<i>clobazam oral tablet</i>	T1	MM
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, DIFLUPREDNATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)
<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 (BETAMETHAS ONE DIPROPIONAT E, CLOBETASOL PROPIONATE, DESOXIMETAS ONE, DIFLORASONE DIACETATE, FLUOCINONID E, 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, disintegratin g</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)

Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine transdermal patch weekly</i>	T1	MM; QL
<i>clopidogrel oral tablet 300 mg</i>	T1	
<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, disintegratin g</i>	T1	MM
CLOZARIL ORAL TABLET 100 MG, 25 MG	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
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	T3	MM
COBENFY ORAL CAPSULE 50-20 MG	T3	
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK	T3	

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Drug Name	Drug Tier	Requirements/ Limits
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	
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)
<i>colchicine oral capsule</i>	T1	MM
<i>colchicine 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

Drug Name	Drug Tier	Requirements/ Limits
COLESTID ORAL GRANULES	T3	BP; MM; Preferred Alternatives (COLESTIPOL HCL)
COLESTID ORAL TABLET	T3	BP; MM; Preferred Alternatives (COLESTIPOL HCL)
<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
COMETRIQ ORAL CAPSULE	T2	PA; SP; MM; QL; LA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	T2	
COMPACT SPACE CHAMBER SPACER	T2	
COMPAZINE ORAL TABLET	T3	BP; Preferred Alternatives (PROCHLORPE RAZINE MALEATE)

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Drug Name	Drug Tier	Requirements/ Limits
COMPAZINE RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (PROCHLORPE RAZINE 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	
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 (METHYLPHEN IDATE ER)
CONDYLOX TOPICAL GEL	T3	BP; QL; Preferred Alternatives (PODOFILOX)
CONJUPRI ORAL TABLET	T3	MM; Preferred Alternatives (AMLODIPINE BESYLATE, FELODIPINE ER, NIFEDIPINE ER, NISOLDIPINE)
<i>constulose oral solution</i>	T1	MM

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

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
CONTOUR NEXT LINK 2.4 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
CONTOUR NEXT LINK KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
CONTOUR NEXT ONE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR PLUS BLUE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
CONTOUR 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
CONTRACE ORAL TABLET EXTENDED RELEASE	T3	PA; MM; QL; Preferred Alternatives (BENZPHETAMINE HCL, DIETHYLPROPION HCL, PHENTERMINE HCL, WEGOVY, ZEPBOUND)
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 SUBCUTANEOU S SYRINGE	T3	ST; SP; BP; MM; QL; LA
COPIKTRA ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (BRUKINSA, 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)

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Drug Name	Drug Tier	Requirements/ Limits
CORDRAN TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (FLURANDREN OLIDE)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	BP; MM; Preferred Alternatives (CARVEDILOL ER)
COREG ORAL TABLET	T3	BP; MM; Preferred Alternatives (CARVEDILOL)
CORLANOR ORAL SOLUTION	T2	SP; MM
CORLANOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (IVABRADINE HCL)
CORTANE-B TOPICAL LOTION	T3	BP; Preferred Alternatives (HC PRAMOXINE)
CORTEF ORAL TABLET	T3	BP; MM; Preferred Alternatives (HYDROCORTI SONE)
CORTENEMA RECTAL ENEMA	T3	BP; Preferred Alternatives (HYDROCORTI SONE)
CORTIFOAM RECTAL FOAM	T3	Preferred Alternatives (BUDESONIDE, HYDROCORTI SONE)
<i>cortisone oral tablet</i>	T1	
CORTISPORIN- TC OTIC (EAR) DROPS,SUSPEN SION	T3	Preferred Alternatives (NEOMYCIN/P OLYMYXIN/HC)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX (2 SYRINGES) SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTO R, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)
COSENTYX PEN (2 PENS) SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTO R, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)
COSENTYX PEN SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTO R, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)
COSENTYX SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTO R, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA)
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	T3	BP; MM; Preferred Alternatives (DORZOLAMIDE-TIMOLOL)
COSOPT OPTHALMIC (EYE) DROPS	T3	BP; MM; Preferred Alternatives (DORZOLAMIDE-TIMOLOL)
COTELLIC ORAL TABLET	T2	SP; MM; QL; LA
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)
<i>covaryx h.s. oral tablet</i>	T1	MM
<i>covaryx oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
COXANTO ORAL CAPSULE	T3	Preferred Alternatives (OXAPROZIN, DICLOFENAC SODIUM, INDOMETHACIN, IBUPROFEN, MELOXICAM, NAPROXEN SODIUM, NABUMETONE)
COZAAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (LOSARTAN POTASSIUM)
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T2	MM
CRESEMBA ORAL CAPSULE	T2	PA
CRESTOR ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (ROSUVASTATIN CALCIUM)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE	T3	MM; Preferred Alternatives (CARBIDOPA-LEVODOPA ER)
CRINONE VAGINAL GEL 4 %	T3	Preferred Alternatives (MEDROXYPROGESTERONE ACETATE, MEGESTROL ACETATE, NORETHINDRONE ACETATE, PROGESTERONE)
CRINONE VAGINAL GEL 8 %	T2	SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn inhalation solution for nebulization</i>	T1	MM
<i>cromolyn ophthalmic (eye) drops</i>	T1	
<i>cromolyn oral concentrate</i>	T1	MM
<i>crotan topical lotion</i>	T1	
<i>cryselle (28) oral tablet</i>	T1	MM
CUPRIMINE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (PENICILLAMINE)
<i>curae oral tablet</i>	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)
<i>cyanocobalamin (vitamin b-12) injection solution</i>	T1	MM
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol</i>	T1	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprime oral tablet 10 mg, 5 mg</i>	T1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (CYCLOPENTOLATE HCL)
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	T3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	T1	
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops</i>	T1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS	T3	
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	T3	Preferred Alternatives (CYCLOPHOSPHAMIDE)
<i>cycloserine oral capsule</i>	T1	
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

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine ophthalmic (eye) dropperette</i>	T1	MM; QL
<i>cyclosporine oral capsule</i>	T1	MM
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	T2	ST; SP; MM; QL; LA
CYMBALTA ORAL CAPSULE, DELAYED 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 OPTHALMIC (EYE) DROPS	T3	PA; SP; MM; Preferred Alternatives (CYSTARAN)

Drug Name	Drug Tier	Requirements/ Limits
CYSTAGON ORAL CAPSULE	T2	SP; MM
CYSTARAN OPTHALMIC (EYE) DROPS	T2	PA; SP; MM
CYTOMEL ORAL TABLET	T3	BP; MM; Preferred Alternatives (LIOTHYRONINE SODIUM)
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	T3	BP; MM; QL; Preferred Alternatives (ROFLUMILAST)
DALIRESP ORAL TABLET 500 MCG	T3	BP; MM; Preferred Alternatives (ROFLUMILAST)
<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
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	PA; MM; QL; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)

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Drug Name	Drug Tier	Requirements/ Limits
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET	T3	PA; MM; QL; Preferred Alternatives (FARXIGA, JARDIANCE)
<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) INTRAMUSCULA R SUSPENSION	T2	
DARAPRIM ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (PYRIMETHAMI NE)
<i>darifenacin oral tablet extended release 24 hr</i>	T1	MM
DARTISLA ORAL TABLET,DISINTE GRATING	T3	MM; Preferred Alternatives (GLYCOPYRR OLATE)
<i>darunavir oral tablet</i>	T1	MM
<i>dasatinib oral tablet</i>	T1	PA; SP; MM; QL; LA
<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

Drug Name	Drug Tier	Requirements/ Limits
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	T3	BP; MM; Preferred Alternatives (METHYLPHEN IDATE)
DAYVIGO ORAL TABLET	T3	QL; Preferred Alternatives (ZOLPIDEM TARTRATE, DOXEPIN HCL, ESZOPICLONE , ZALEPLON, RAMELTEON)
DDAVP ORAL TABLET	T3	BP; MM; Preferred Alternatives (DESMOPRES SIN 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
<i>deflazacort oral suspension</i>	T1	ST; SP; MM
<i>deflazacort oral tablet</i>	T1	ST; SP; MM
DELESTROGEN INTRAMUSCULA R OIL	T3	BP; MM; Preferred Alternatives (ESTRADIOL VALERATE)

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Drug Name	Drug Tier	Requirements/ Limits
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>denta 5000 plus sensitive dental paste</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 lidocaine topical adhesive patch, medicated</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	T3	BP; Preferred Alternatives (FLUOCINOLONE ACETONIDE)
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide topical lotion</i>	T1	
<i>desonide topical ointment</i>	T1	
<i>desoximetasone topical cream</i>	T1	
<i>desoximetasone topical gel</i>	T1	
<i>desoximetasone topical ointment</i>	T1	
<i>desoximetasone topical spray, non-aerosol</i>	T1	
DESOXYN ORAL TABLET	T3	BP; MM; Preferred Alternatives (METHAMPHETAMINE HCL)
DESVENLAFAXINE 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>dexablis oral tablets, dose pack</i>	T1	ST

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Drug Name	Drug Tier	Requirements/ Limits
<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
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	T1	
DEXCOM G6 RECEIVER	T2	PA; MM; QL
DEXCOM G6 SENSOR DEVICE	T2	PA; MM; QL
DEXCOM G6 TRANSMITTER DEVICE	T2	PA; MM; QL
DEXCOM G7 RECEIVER	T2	PA; MM; QL
DEXCOM G7 SENSOR DEVICE	T2	PA; MM; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	T3	BP; MM; Preferred Alternatives (DEXTROAMP HETAMINE 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

Drug Name	Drug Tier	Requirements/ Limits
<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
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 e-amphetamine oral capsule, er triphasic 24 hr</i>	T1	MM
<i>dextroamphetamine e-amphetamine oral capsule, extended release 24hr</i>	T1	MM
<i>dextroamphetamine e-amphetamine oral tablet</i>	T1	MM
DHIVY ORAL TABLET	T3	MM; Preferred Alternatives (CARBIDOPA/L EVODOPA)
DIACOMIT ORAL CAPSULE	T2	PA; SP; MM
DIACOMIT ORAL POWDER IN PACKET	T2	PA; SP; MM
<i>dialyvite 800 oral tablet</i>	T1	MM

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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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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	ST; 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>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
<i>diflorasone topical ointment</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	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>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)
DILAUDID ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (HYDROMORPHONE HCL)

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Drug Name	Drug Tier	Requirements/ Limits
<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)
DIOVAN ORAL TABLET	T3	BP; MM; Preferred Alternatives (VALSARTAN)

Drug Name	Drug Tier	Requirements/ Limits
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
<i>divalproex oral capsule, delayed rel sprinkle</i>	T1	MM
<i>divalproex oral tablet extended release 24 hr</i>	T1	MM

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
DOLOBID ORAL TABLET	T3	Preferred Alternatives (DICLOFENAC SODIUM, DIFLUNISAL, IBUPROFEN, INDOMETHACIN, MELOXICAM, NABUMETONE, NAPROXEN)
<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 (PHENOHYTR O)
DONNATAL ORAL TABLET	T3	MM; Preferred Alternatives (PHENOHYTR O)
DOPTLET (15 TAB PACK) ORAL TABLET	T2	PA; SP; QL
DORAL ORAL TABLET	T3	QL; Preferred Alternatives (ESTAZOLAM, LORAZEPAM)

Drug Name	Drug Tier	Requirements/ Limits
DORYX MPC ORAL TABLET, DELAYE D RELEASE (DR/EC) 60 MG	T3	Preferred Alternatives (DOXYCYCLIN E HYCLATE, DOXYCYCLINE MONOHYDRAT E)
DORYX ORAL TABLET, DELAYE D RELEASE (DR/EC) 200 MG	T3	BP; Preferred Alternatives (DOXYCYCLIN E HYCLATE)
DORYX ORAL TABLET, DELAYE D RELEASE (DR/EC) 80 MG	T3	Preferred Alternatives (DOXYCYCLIN E 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
<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

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet</i>	T1	
<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	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	T1	
<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
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	MM; Preferred Alternatives (DESVENLAFAXINE SUCCLATE 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-OMATIC TOPICAL SOLUTION	T3	Preferred Alternatives (BROMILOTION)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (ANORSELLIPTA, STIOLTO RESPIMAT)
DUAVEE ORAL TABLET	T2	MM
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL 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, DIFLORASONE DIACETATE, HALOBETASOL PROPIONATE)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (CARBIDOPA/L EVODOPA, CARBIDOPA-LEVODOPA ER, CARBIDOPA/L EVODOPA)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	T2	PA; SP; MM; QL; LA
DUREX AVANTI BARE REAL FEEL	T3	
DUREX TROPICAL CONDOM DEVICE	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
DUVYZAT ORAL SUSPENSION	T3	PA; SP; 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	

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Drug Name	Drug Tier	Requirements/ Limits
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (ERYTHROMY CIN ETHYLSUCCIN ATE)
EASIVENT HOLDING CHAMBER SPACER	T2	
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)

Drug Name	Drug Tier	Requirements/ Limits
EASY STEP BLOOD GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
EASY TOUCH BLULINK GLUC SYST	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH BLULINK 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
EASY TRAK II CTRL SOLN- NORMAL SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
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)
EASYGLUCO MONITORING SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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)
EASYMAX NG KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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)
EASYMAX T1 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX V SPEAKING GLUCOSE SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; MM; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; SP; MM
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
ECOZA TOPICAL FOAM	T3	QL; Preferred Alternatives (ECONAZOLE NITRATE, CICLOPIROX, KETOCONAZOLE, NAFTIFINE HCL, OXICONAZOLE NITRATE)

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Drug Name	Drug Tier	Requirements/ Limits
EDARBI ORAL TABLET	T2	MM
EDARBYCLOR ORAL TABLET	T2	MM
EDECIN ORAL TABLET	T3	ST; BP; MM; Preferred Alternatives (ETHACRYNIC ACID)
EDEX INTRACAVERNO SAL KIT	T3	MM; QL; Preferred Alternatives (CAVERJECT, CAVERJECT)
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 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)

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 SUBCUTANEOUS RECON SOLN	T2	PA; SP; MM
ELEMENT COMPACT GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
ELEMENT COMPACT NORMAL CONTROL 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
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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; ST; SP; MM
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; ST; SP; MM
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; ST; SP; MM
ELIGARD SUBCUTANEOUS SYRINGE	T2	PA; ST; 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)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

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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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
EMBRACE WAVE PLUS GLUCOSE MTR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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	ST; SP; MM; Preferred Alternatives (PREDNISONE, PREDNISOLONE)

Drug Name	Drug Tier	Requirements/ Limits
EMFLAZA ORAL TABLET	T3	ST; SP; BP; MM; Preferred Alternatives (DEFLAZACORT)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; MM; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	T2	PA; MM; QL
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, TRANLYCYPR OMINE 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>emzahh oral tablet</i>	T1	MM
<i>enalapril maleate oral solution</i>	T1	MM
<i>enalapril maleate oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril-hydrochlorothiazide oral tablet</i>	T1	MM
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL 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
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
<i>endocet oral tablet</i>	T1	PA; QL
ENDOMETRIN VAGINAL INSERT	T3	ST; SP; Preferred Alternatives (CRINONE)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	T2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	T2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	T2	
<i>enilloring vaginal ring</i>	T1	MM
<i>enoxaparin subcutaneous solution</i>	T1	SP

Drug Name	Drug Tier	Requirements/ Limits
<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
ENTRESTO ORAL TABLET	T2	MM
ENTRESTO SPRINKLE ORAL PELLETT	T2	MM
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; QL; Preferred Alternatives (ENTYVIO, OMVOH, OMVOH PEN, SKYRIZI ON-BODY, STELARA, VELSIPITY)
<i>enulose oral solution</i>	T1	MM
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	ST; MM; Preferred Alternatives (TACROLIMUS)
EOHILIA ORAL SUSPENSION IN PACKET	T3	PA; QL; Preferred Alternatives (BUDESONIDE)

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Drug Name	Drug Tier	Requirements/ Limits
EPANED ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (ENALAPRIL MALEATE)
EPCLUSA ORAL PELLETS IN PACKET	T2	ST; SP; 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
<i>epitol oral tablet</i>	T1	MM
EPIVIR ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (LAMIVUDINE)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
<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

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Drug Name	Drug Tier	Requirements/ Limits
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, LEVOTHYROXI NE SODIUM, LEVOXYL, UNITHROID)
<i>errin oral tablet</i>	T1	MM
ERTACZO TOPICAL CREAM	T3	QL; Preferred Alternatives (CICLOPIROX, CLOTRIMAZOL E, ECONAZOLE NITRATE, KETOCONAZO LE, 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 (ERYTHROMY CIN ETHYLSUCCIN ATE)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; Preferred Alternatives (ERYTHROMY CIN ETHYLSUCCIN ATE)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>erythrocine (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)
<i>escitalopram oxalate oral solution</i>	T1	MM
<i>escitalopram oxalate oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
ESGIC ORAL TABLET	T3	ST; BP; Preferred Alternatives (BUTALBITAL/A PAP/CAFFEINE)
<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	QL
ESTRACE ORAL TABLET	T3	BP; MM; Preferred Alternatives (ESTRADIOL)
ESTRACE VAGINAL CREAM	T3	BP; MM; Preferred Alternatives (ESTRADIOL)
<i>estradiol oral tablet</i>	T1	MM
<i>estradiol transdermal gel in metered-dose pump</i>	T1	MM; QL
<i>estradiol transdermal gel in packet</i>	T1	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
<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
ESTRATEST F.S. ORAL TABLET	T3	BP; MM; Preferred Alternatives (ESTROGEN & METHYLTEST OSTERONE)
ESTRATEST H.S. ORAL TABLET	T3	BP; MM
ESTRING VAGINAL RING	T2	MM
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	BP; MM; QL; Preferred Alternatives (ESTRADIOL)
<i>estrogens- methyltestosteron e 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
<i>ethynodiol diac- eth estradiol oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<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	T2	QL
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 ORAL TABLET	T3	BP; MM; Preferred Alternatives (AMPHETAMINE SULFATE)

Drug Name	Drug Tier	Requirements/ Limits
EVENCARE G2	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
EVENCARE G3 GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
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)
EVENCARE MINI MONITOR SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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 (immunosuppressive) oral tablet</i>	T1	MM; LA
EVISTA ORAL TABLET	T3	BP; MM; Preferred Alternatives (RALOXIFENE HCL)
EVOCLIN TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (CLINDAMYCIN PHOSPHATE)

Drug Name	Drug Tier	Requirements/ Limits
EVOLUTION BLOOD GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT ORAL TABLET	T3	BP; MM; Preferred Alternatives (AMLODIPINE-VALSARTAN-HCTZ)
EXFORGE ORAL TABLET	T3	BP; MM; Preferred Alternatives (AMLODIPINE-VALSARTAN)
EXJADE ORAL TABLET, DISPERSIBLE	T3	ST; SP; BP; MM; LA; Preferred Alternatives (DEFERASIRO X)
EXTINA TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (KETOCONAZOLE)
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION	T2	PA; QL
EZ SMART PLUS SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	T3	MM; QL; Preferred Alternatives (ATORVASTATIN CALCIUM, FLUVASTATIN ER, LOVASTATIN, PITAVASTATIN CALCIUM, PRAVASTATIN SODIUM, ROSUVASTATIN CALCIUM, SIMVASTATIN)
<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
FABHALTA ORAL CAPSULE	T2	PA; SP; MM
FABIOR TOPICAL FOAM	T3	PA; Preferred Alternatives (TAZAROTENE, TRETINOIN)
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

Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine oral suspension for reconstitution</i>	T1	MM
<i>famotidine oral tablet 40 mg</i>	T1	MM
FANAPT ORAL TABLET	T3	MM; Preferred Alternatives (ARIPIRAZOLE, ASENAPINE MALEATE, LURASIDONE HCL, OLANZAPINE, QUETIAPINE FUMARATE, RISPERIDONE, ZIPRASIDONE HCL)
FANAPT ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (ARIPIRAZOLE, 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
FC2 FEMALE CONDOM	T2	
<i>febuxostat oral tablet</i>	T1	MM
<i>felbamate oral suspension</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>felbamate oral tablet</i>	T1	MM
FELBATOL ORAL TABLET	T3	BP; MM; Preferred Alternatives (FELBAMATE)
<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	
FEMLYV ORAL TABLET, DISINTEGRATING	T3	MM; Preferred Alternatives (CHARLOTTE 24 FE, FINZALA, KAITLIB FE, LAYOLIS FE, MIBELAS 24 FE, NORETHINDRONE-ETHIN ESTRADIOL, WYMZYA FE)
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/lec)</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>fenopropfen oral capsule 400 mg</i>	T1	MM
<i>fenopropfen oral tablet</i>	T1	MM
FENSOLVI SUBCUTANEOUS SYRINGE	T2	PA; SP; MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	T1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	T1	PA; QL
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 (DEFERIPRON E (3 TIMES A DAY))
FERRIPROX ORAL TABLET 500 MG	T3	ST; SP; BP; MM; Preferred Alternatives (DEFERIPRON E)
<i>fesoterodine oral tablet extended release 24 hr</i>	T1	MM
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	T2	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	T2	MM
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)

Drug Name	Drug Tier	Requirements/ Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO)
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 (BENZAEPRI L HCL, CANDESARTAN CILEXETIL, IRBESARTAN, LISINOPRI L, LOSARTAN POTASSIUM, RAMIPRI L, VALSARTAN)
FINACEA TOPICAL FOAM	T2	
<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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>finzala oral tablet, chewable</i>	T1	MM
FIORICET ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (BUTALBITAL/A PAP/CAFFEINE)
FIORICET WITH CODEINE ORAL CAPSULE	T3	PA; BP; QL; Preferred Alternatives (BUTALBITAL/C AFF/APAP/COD EINE)
FIRAZYR SUBCUTANEOUS SYRINGE	T3	ST; SP; BP; QL; LA; Preferred Alternatives (ICATIBANT)
FIRDAPSE ORAL TABLET	T2	PA; SP; MM; LA
FIRVANQ ORAL RECON SOLN 25 MG/ML	T3	QL; Preferred Alternatives (VANCOMYCIN HCL)
FIRVANQ ORAL RECON SOLN 50 MG/ML	T3	BP; 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, DIFLUPREDNATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)

Drug Name	Drug Tier	Requirements/ Limits
<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	
FLOLIPID ORAL SUSPENSION	T3	MM; QL; Preferred Alternatives (ATORVASTATIN CALCIUM, FLUVASTATINER, LOVASTATIN, PITAVASTATIN CALCIUM, PRAVASTATIN SODIUM, ROSUVASTATIN CALCIUM, SIMVASTATIN)
FLOMAX ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (TAMSULOSIN HCL)
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE	T2	
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	T2	

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Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	T2	
<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 TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUMADINE ORAL TABLET	T3	BP; Preferred Alternatives (RIMANTADINE HCL)
FLUMIST TRIVALENT 2024-2025 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	

Drug Name	Drug Tier	Requirements/ Limits
<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
<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

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Drug Name	Drug Tier	Requirements/ Limits
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	T3	MM
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	T1	
FLUROPLEX TOPICAL CREAM	T3	Preferred Alternatives (DICLOFENAC SODIUM, FLUOROURACI L, FLUOROURACI L, IMIQUIMOD)
FLUOROURACIL TOPICAL CREAM 0.5 %	T3	Preferred Alternatives (DICLOFENAC SODIUM, FLUOROURACI L, FLUOROURACI L, 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(dr/ec)</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

Drug Name	Drug Tier	Requirements/ Limits
<i>flurandrenolide topical ointment</i>	T1	QL
<i>flurazepam oral capsule</i>	T1	QL
<i>flurbiprofen oral tablet 100 mg</i>	T1	MM
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	T1	
FLUTICASONE FUROATE- VILANTEROL INHALATION BLISTER WITH DEVICE	T3	MM; QL; Preferred Alternatives (BREYNA, BUDESONIDE- FORMOTEROL FUMARATE, FLUTICASONE- SALMETEROL, WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE	T3	MM; QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, PULMICORT FLEXHALER, QVAR REDIHALER)

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Drug Name	Drug Tier	Requirements/ Limits
<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 (BREYNA, BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	T1	MM; QL
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (BREYNA, BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA)
<i>fluvastatin oral capsule</i>	T1	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
<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 HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE	T2	
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	T2	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, DIFLUPREDNATE, 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)

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Drug Name	Drug Tier	Requirements/ Limits
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	T3	BP; MM; Preferred Alternatives (DEXMETHYLP HENIDATE 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
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 6 CONNECT MULTIFUNCTN MTR DEVICE	T3	MM

Drug Name	Drug Tier	Requirements/ Limits
FORA 6CONN- GTEL-TN'G ADV 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
FORA D15 GLUCOSE-BP MONITOR DEVICE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
FORA D40D GLUCOSE-BP MONITOR DEVICE	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
FORA GD50 BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
FORA TEST N'GO VOICE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

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 ADV MOBILE MULTI MTR DEVICE	T3	MM
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 MULTI-FN MTR DEVICE	T3	MM
FORA TN'G ADVANCE PRO MONITOR DEVICE	T3	MM

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Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G VOICE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 V10 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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)
FORA V12 BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
FORA V30A KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
FORACARE GD20 GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
FORACARE GD40B GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	T2	MM; QL
FORTEO SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (TERIPARATIDE)
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

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Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril-hydrochlorothiazide oral tablet</i>	T1	MM
FOSRENOL ORAL POWDER IN PACKET	T3	MM; QL; Preferred Alternatives (LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL, VELPHORO)
FOSRENOL ORAL TABLET,CHEWABLE	T3	BP; MM; QL; Preferred Alternatives (LANTHANUM CARBONATE)
FOTIVDA ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (CABOMETYX, INLYTA, LENVIMA)
FRAGMIN SUBCUTANEOUS SOLUTION	T2	SP
FRAGMIN SUBCUTANEOUS SYRINGE	T2	SP
<i>fraiche 5000 dental gel</i>	T1	MM
FRAICHE 5000 PREVI DENTAL GEL	T3	MM
FRAICHE 5000 SENSITIVE DENTAL GEL	T3	MM
FREESTYLE CONTROL SOLUTION	T2	MM
FREESTYLE FLASH SYSTEM KIT	T2	MM
FREESTYLE FREEDOM KIT	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
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 PLUS SENSOR DEVICE	T3	PA; MM
FREESTYLE LIBRE 2 READER	T2	PA; MM; QL
FREESTYLE LIBRE 2 SENSOR KIT	T2	PA; MM; QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	T2	PA; MM; QL
FREESTYLE LIBRE 3 READER	T2	PA; MM; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	T2	PA; MM; QL
FREESTYLE LITE METER KIT	T2	MM
FREESTYLE LITE STRIPS STRIP	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION NEO METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
FREESTYLE PRECISION NEO STRIPS STRIP	T2	MM
FREESTYLE SIDEKICK II KIT	T2	MM
FREESTYLE SYSTEM KIT KIT	T2	MM
FREESTYLE TEST STRIP	T2	MM
FROVA ORAL TABLET	T3	BP; QL; Preferred Alternatives (FROVATRIPTAN SUCCINATE)
<i>frovatriptan oral tablet</i>	T1	QL
FRUZAQLA ORAL CAPSULE	T3	PA; SP; MM; LA; Preferred Alternatives (LONSURF)
<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)

Drug Name	Drug Tier	Requirements/ Limits
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, ZIEXTENZO)
<i>g tussin ac oral liquid</i>	T1	
<i>gabapentin oral capsule</i>	T1	MM
<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
<i>gabapentin oral tablet extended release 24 hr</i>	T1	
GALAFOLD ORAL CAPSULE	T3	PA; SP; MM; QL; Preferred Alternatives (ELFABRIO, FABRAZYME)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine oral solution</i>	T1	MM
<i>galantamine oral tablet</i>	T1	MM
<i>gallifrey 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
<i>gavilax oral powder</i>	T1	
<i>gavilyte-c oral recon soln</i>	T1	
<i>gavilyte-g oral recon soln</i>	T1	
<i>gavilyte-n oral recon soln</i>	T1	
GAVRETO ORAL CAPSULE	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
GE100 BLOOD GLUCOSE SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
GE333 BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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	
<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, TROSPIMUM CHLORIDE, MYRBETRIQ)
<i>generlac oral solution</i>	T1	MM
<i>gengraf oral capsule</i>	T1	MM
<i>gengraf oral solution</i>	T1	MM
GENOTROPIN MINIQUEL 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)
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<i>gentamicin topical cream</i>	T1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<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>gentle laxative (mag hydrox) oral suspension</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)
GLEOSTINE ORAL CAPSULE	T2	LA

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	MM
GLIMEPIRIDE ORAL TABLET 3 MG	T3	MM; Preferred Alternatives (GLIMEPIRIDE)
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	MM
GLIPIZIDE ORAL TABLET 2.5 MG	T3	MM; Preferred Alternatives (GLIPIZIDE)
<i>glipizide oral tablet extended release 24hr</i>	T1	MM
<i>glipizide-metformin oral tablet</i>	T1	MM
GLOPERBA ORAL SOLUTION	T3	MM; Preferred Alternatives (COLCHICINE, MITIGARE)
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
GLUCOCARD SHINE EXPRESS METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD VITAL KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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>glutamine (sickle cell) oral powder in packet</i>	T1	PA; SP; MM
<i>glyburide micronized oral tablet</i>	T1	MM
<i>glyburide oral tablet</i>	T1	MM
<i>glyburide-metformin oral tablet</i>	T1	MM
GLYCATE ORAL TABLET	T3	MM; Preferred Alternatives (GLYCOPYRROLATE)
<i>glycopyrrolate oral solution</i>	T1	MM
<i>glycopyrrolate oral tablet</i>	T1	MM
GLYXAMBI ORAL TABLET	T2	PA; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
GM100 KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 (NITROGLYCE RIN, NITROGLYCER IN)
GOPRELTO NASAL SOLUTION	T3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	T3	BP; Preferred Alternatives (GABAPENTIN ER)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	T3	Preferred Alternatives (GABAPENTIN ER)
<i>granisetron hcl oral tablet</i>	T1	
GRASTEK SUBLINGUAL TABLET	T2	PA; MM

Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize oral suspension</i>	T1	
<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 SUBCUTANEOU S AUTO-INJECTOR	T2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOU S SYRINGE 1 MG/0.2 ML	T2	QL
GVOKE SUBCUTANEOU S SOLUTION	T2	QL
GYNAZOLE-1 VAGINAL CREAM	T3	Preferred Alternatives (TERCONAZOL E)
HADLIMA PUSHTOUCH SUBCUTANEOU S AUTO-INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

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Drug Name	Drug Tier	Requirements/ Limits
HADLIMA SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOU S AUTO- INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HADLIMA(CF) SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
HAEGARDA SUBCUTANEOU S RECON SOLN	T2	ST; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
<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; QL; Preferred Alternatives (TRIAZOLAM)
<i>halobetasol propionate topical cream</i>	T1	
<i>halobetasol propionate topical foam</i>	T1	
<i>halobetasol propionate topical ointment</i>	T1	
<i>haloette vaginal ring</i>	T1	MM
HALOG TOPICAL CREAM	T3	BP; Preferred Alternatives (BETAMETHAS ONE DIPROPIONAT E, BETAMETHAS ONE DIPROPIONAT E, BETAMETHAS ONE VALERATE, FLUOCINONID E, TRIAMCINOLO NE ACETONIDE)

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>haloperidol lactate oral concentrate</i>	T1	MM
<i>haloperidol oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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	ST; 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	

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) SUBCUTANEOU S SYRINGE	T3	
HEPLISAV-B (PF) INTRAMUSCULA R SYRINGE	T2	
<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
HIBERIX (PF) INTRAMUSCULA R RECON SOLN	T2	

Drug Name	Drug Tier	Requirements/ Limits
HISTEX-AC ORAL SYRUP	T3	Preferred Alternatives (PROMETHAZI NE VC W/CODEINE)
HIZENTRA SUBCUTANEOU S SOLUTION	T3	PA; SP; MM; LA; Preferred Alternatives (XEMBIFY)
HIZENTRA SUBCUTANEOU S 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, GABAPENTIN ER, PREGABALIN, PREGABALIN ER)
HULIO(CF) PEN SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADB(M)CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

Drug Name	Drug Tier	Requirements/ Limits
HULIO(CF) SUBCUTANEOU S SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOU S INSULIN PEN, HALF-UNIT	T2	MM
HUMALOG KWIKPEN INSULIN SUBCUTANEOU S INSULIN PEN	T2	MM
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	MM
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	MM
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOU S SUSPENSION	T2	MM
HUMALOG TEMPO PEN(U- 100)INSULN SUBCUTANEOU S INSULIN PEN, SENSOR	T2	MM
HUMALOG U-100 INSULIN SUBCUTANEOU S CARTRIDGE	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG U-100 INSULIN SUBCUTANEOU S SOLUTION	T2	MM
HUMATE-P INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
HUMATIN ORAL CAPSULE	T3	SP
HUMATROPE INJECTION CARTRIDGE	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, OMNITROPE)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S SYRINGE KIT 40 MG/0.8 ML	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S SYRINGE KIT	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT 40 MG/0.4 ML	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOU S SUSPENSION	T2	MM
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	MM
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	MM
HUMULIN N NPH U-100 INSULIN SUBCUTANEOU S SUSPENSION	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	T2	MM
HUMULIN R U- 500 (CONC) INSULIN SUBCUTANEOU S SOLUTION	T2	MM
HUMULIN R U- 500 (CONC) KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	MM
HYCAMTIN ORAL CAPSULE 0.25 MG	T2	PA; SP
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	T3	BP; Preferred Alternatives (HYDROCODO NE/HOMATRO PINE)
HYCODAN (WITH HOMATROPINE) ORAL TABLET	T3	BP; Preferred Alternatives (HYDROCODO NE/HOMATRO PINE)
<i>hydralazine oral tablet</i>	T1	MM
HYDREA ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (HYDROXYUR EA)
<i>hydrochlorothiazid e oral capsule</i>	T1	MM
<i>hydrochlorothiazid e 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

Drug Name	Drug Tier	Requirements/ Limits
<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, exten ded 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
<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 oral tablet</i>	T1	MM
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone topical cream 2.5 %</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone topical cream with perineal applicator</i>	T1	
<i>hydrocortisone topical lotion 2 %, 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	
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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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)

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Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HYRIMOZ PEN SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOU S SYRINGE 80 MG/0.8 ML	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOU S SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	T3	ST; SP; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)

Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ(CF) PEN SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADB(M)CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
HYRIMOZ(CF) SUBCUTANEOU S SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADB(M)CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.2 4 HR	T2	PA; BP; QL
HYZAAR ORAL TABLET	T3	BP; MM; Preferred Alternatives (LOSARTAN- HYDROCHLOR OTHIAZIDE)
<i>ibandronate oral tablet</i>	T1	MM; QL
IBRANCE ORAL CAPSULE	T2	SP; MM; QL; LA
IBRANCE ORAL TABLET	T2	SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
IBSRELA ORAL TABLET	T3	MM; Preferred Alternatives (LUBIPROSTO NE, 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
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADB(M)CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)

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Drug Name	Drug Tier	Requirements/ Limits
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADB(M(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
IDACIO(CF) PEN SUBCUTANEOU S PEN INJECTOR KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF) PEN, ADALIMUMAB- ADB(M(CF)PEN, ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTO R)
IDACIO(CF) SUBCUTANEOU S SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB- ADAZ(CF), ADALIMUMAB- ADB(M(CF), ADALIMUMAB- RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTO R)
IDELVION INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
IDHIFA ORAL TABLET	T2	PA; SP; MM; QL; LA
IFE-BIMIX 30/1 INTRACAVERNO SAL SOLUTION	T3	
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	T3	MM
IHEALTH GLUCO PLUS METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
IHEALTH 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)
ILET INFUSION KIT-INSET 23" COMBO PACK	T2	MM
ILET INFUSION- CONTACT DTCH 23" COMBO PACK	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
ILET INSULIN PUMP	T2	QL
ILET STARTER KIT-INSET KIT	T3	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (BROMFENAC SODIUM, DICLOFENAC SODIUM, KETOROLAC TROMETHAMINE)
<i>imatinib oral tablet</i>	T1	ST; SP; MM; QL; LA
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 ORAL TABLET	T3	BP; QL; Preferred Alternatives (SUMATRIPTAN SUCCINATE)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	T3	BP; QL; Preferred Alternatives (SUMATRIPTAN SUCCINATE)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	T3	BP; QL; Preferred Alternatives (SUMATRIPTAN SUCCINATE)
IMPAVIDO ORAL CAPSULE	T2	PA; QL
IMPOYZ TOPICAL CREAM	T3	QL; Preferred Alternatives (BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, DESOXIMETASONE, DIFLORASONE DIACETATE, FLUOCINONIDE, HALOBETASOL PROPIONATE)
IMURAN ORAL TABLET	T3	BP; MM; Preferred Alternatives (AZATHIOPRINE)
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, WINHALATION DEVICE	T2	PA; SP; MM
<i>incassia oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
INCRELEX SUBCUTANEOUS 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 (PROPRANOL OL HCL ER)
INDERAL XL ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	MM; Preferred Alternatives (PROPRANOL OL HCL ER)
<i>indomethacin oral capsule</i>	T1	MM
<i>indomethacin oral capsule, extended release</i>	T1	MM
<i>indomethacin oral suspension</i>	T1	MM
<i>indomethacin rectal suppository 50 mg</i>	T1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	T2	
INFINITY CONTROL SOLUTION NORM SOLUTION	T3	MM; Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
INFINITY STARTER KIT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	T3	ST; SP; Preferred Alternatives (AUSTEDO, AUSTEDO XR)
INGREZZA ORAL CAPSULE	T3	ST; SP; MM; Preferred Alternatives (AUSTEDO, AUSTEDO XR)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	T3	ST; SP; MM; Preferred Alternatives (AUSTEDO, AUSTEDO XR)
INLYTA ORAL TABLET	T2	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
INNOPRAN XL ORAL CAPSULE,EXTEN DED RELEASE 24HR	T3	MM; Preferred Alternatives (PROPRANOL OL HCL ER)
INPEFA ORAL TABLET	T3	MM; Preferred Alternatives (FARXIGA, JARDIANCE)
INQOVI ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (DECITABINE)
INREBIC ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (JAKAFI)
INSPRA 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 LISPRO PROTAMINE MIX)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOU S SOLUTION	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25, INSULIN LISPRO PROTAMINE MIX)
INSULIN ASPART U-100 SUBCUTANEOU S CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U- 100, LYUMJEV KWIKPEN U- 100)

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

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN DEGLUDEC SUBCUTANEOU S SOLUTION	T3	MM; Preferred Alternatives (INSULIN GLARGINE SOLOSTAR, LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)
INSULIN GLARGINE U-300 CONC SUBCUTANEOU S INSULIN PEN	T2	MM
INSULIN GLARGINE-YFGN SUBCUTANEOU S INSULIN PEN	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
INSULIN GLARGINE-YFGN SUBCUTANEOU S SOLUTION	T3	MM; Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOU S INSULIN PEN	T2	MM
INSULIN LISPRO SUBCUTANEOU S INSULIN PEN	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO SUBCUTANEOU S INSULIN PEN, HALF-UNIT	T2	MM
INSULIN LISPRO SUBCUTANEOU S 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 3 MG, 6 MG, 9 MG	T3	BP; MM; Preferred Alternatives (PALIPERIDON E ER)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	Preferred Alternatives (DEXAMETHAS ONE SODIUM PHOSPHATE, DIFLUPREDNA TE, FLUOROMETH OLONE, LOTEPREDNO L ETABONATE, PREDNISOLON E ACETATE)

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Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET ORAL TABLET	T3	MM; QL; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	MM; QL; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)
INVOKANA ORAL TABLET	T3	MM; QL; Preferred Alternatives (FARXIGA, JARDIANCE)
IODOFLEX TOPICAL PADS, MEDICATED	T3	
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
IQIRVO ORAL TABLET	T2	PA; SP; MM
<i>irbesartan oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan-hydrochlorothiazide oral tablet</i>	T1	MM
IRESSA ORAL TABLET	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (GEFITINIB)
ISENTRESS HD ORAL TABLET	T2	MM
ISENTRESS ORAL POWDER IN PACKET	T2	MM
ISENTRESS ORAL TABLET	T2	MM
ISENTRESS ORAL TABLET, CHEWABLE	T2	MM
<i>isibloom oral tablet</i>	T1	MM
<i>isoniazid oral solution</i>	T1	
<i>isoniazid oral tablet</i>	T1	
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
<i>isosorbide-hydralazine oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin oral capsule</i>	T1	
<i>isradipine oral capsule</i>	T1	MM
ISTALOL OPTHALMIC (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 (KETOCONAZOLE, MIFEPRISTONE, SIGNIFOR)
ITOVEBI ORAL TABLET	T3	SP; MM
<i>itraconazole oral capsule</i>	T1	
<i>itraconazole oral solution</i>	T1	
<i>ivabradine oral tablet</i>	T1	MM
<i>ivermectin oral tablet</i>	T1	PA; QL
<i>ivermectin topical cream</i>	T1	QL
IWILFIN ORAL TABLET	T2	PA; SP; MM
IXINITY INTRAVENOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (BENEFIX)
IYUZEH (PF) OPTHALMIC (EYE) DROPPERETTE	T3	MM; Preferred Alternatives (LATANOPROST)
JADENU ORAL TABLET	T3	ST; SP; BP; MM; LA; Preferred Alternatives (DEFERASIROX)

Drug Name	Drug Tier	Requirements/ Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET	T3	ST; SP; BP; MM; LA; Preferred Alternatives (DEFERASIROX)
<i>jaimiess oral tablets, dose pack, 3 month</i>	T1	MM
JAKAFI ORAL TABLET	T2	PA; SP; MM; QL; LA
<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, TESTOSTERONE)
<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 (BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA)

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Drug Name	Drug Tier	Requirements/ Limits
JAZZ WIRELESS 2 METER KIT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
JELMYTO INTRA-PYELOCALYCEAL KIT	T3	PA; SP
<i>jencycla oral tablet</i>	T1	MM
JENTADUETO ORAL TABLET	T2	MM; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	MM; QL
JESDUVROQ ORAL TABLET	T3	PA; MM; QL; Preferred Alternatives (ARANESP, PROCRIT)
<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

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>joyeaux oral tablet</i>	T1	MM
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
<i>junel fe 24 oral tablet</i>	T1	MM
JUST RIGHT 5000 DENTAL PASTE	T3	MM
JUXTAPID ORAL CAPSULE	T2	PA; SP; MM
JYLAMVO ORAL SOLUTION	T3	ST; MM; Preferred Alternatives (METHOTREXATE)
JYNARQUE ORAL TABLET	T3	PA; SP; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL	T3	PA; SP; MM; QL
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	T2	
<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	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)
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	T3	Preferred Alternatives (CARBINOXAMINE, CETIRIZINE HCL, CLEMASTINE FUMARATE, DESLORATADINE, DIPHENHYDRAMINE HCL, FEXOFENADINE HCL, LEVOCETIRIZINE DIHYDROCHLORIDE)

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 (SAXAGLIPTIN-METFORMIN ER, 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
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
<i>ketoconazole oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<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
<i>ketorolac ophthalmic (eye) drops</i>	T1	
<i>ketorolac oral tablet</i>	T1	QL
KEVEYIS ORAL TABLET	T3	ST; SP; BP; MM; Preferred Alternatives (DICHLORPHE NAMIDE, ORMALVI)
KEVZARA SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ACTEMRA, ENBREL, INFLECTRA, REMICADE, RINVOQ, TYENNE, XELJANZ)

Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ACTEMRA, ENBREL, INFLECTRA, REMICADE, RINVOQ, TYENNE, XELJANZ)
KINERET SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; Preferred Alternatives (ACTEMRA, ENBREL, INFLECTRA, REMICADE, RINVOQ, TYENNE, XELJANZ)
KINRIX (PF) INTRAMUSCULAR SYRINGE	T2	
KISQALI ORAL TABLET	T2	SP; MM; QL; LA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	T2	ST; SP; MM; QL
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS	T3	
KLARON TOPICAL SUSPENSION	T3	BP; Preferred Alternatives (SULFACETAMIDE SODIUM)
<i>klayesta topical powder</i>	T1	QL
KLISYRI TOPICAL OINTMENT IN PACKET	T3	Preferred Alternatives (DICLOFENAC SODIUM, FLUOROURACIL, FLUOROURACIL, IMIQUIMOD)

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Drug Name	Drug Tier	Requirements/ Limits
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
KLOXXADO NASAL SPRAY,NON-AEROSOL	T2	QL
<i>kobee oral tablet</i>	T1	MM
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	T2	ST; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
KONVOMEPRAN ORAL SUSPENSION FOR RECONSTITUTION	T3	MM; QL; Preferred Alternatives (DEXLANSOPRAZOLE DR, ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM)
KORLYM ORAL TABLET	T3	PA; SP; BP; MM; Preferred Alternatives (MIFEPRISTONE)
KOSELUGO ORAL CAPSULE	T3	PA; SP; MM
KOSHER PRENATAL PLUS IRON ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
<i>kourzeq dental paste</i>	T1	
KOVALTRY INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
K-PHOS NO 2 ORAL TABLET	T3	Preferred Alternatives (PHOSPHA 250 NEUTRAL, K-PHOS ORIGINAL)
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	T2	
KRAZATI ORAL TABLET	T3	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL ORAL TABLET	T3	QL; Preferred Alternatives (PRIMAQUINE GENERIC)
KRISTALOSE ORAL PACKET	T3	MM; Preferred Alternatives (LACTULOSE)
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,SOLUBLE	T3	PA; SP; BP; MM; Preferred Alternatives (SAPROPTERIN DIHYDROCHLORIDE)
KYZATREX ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (TESTOSTERONE, TESTOSTERONE)
<i>l norgestrel/estradiol -e.estradiol oral tablets,dose pack,3 month</i>	T1	MM
<i>labetalol oral tablet</i>	T1	MM
<i>lacosamide oral solution</i>	T1	MM
<i>lacosamide oral tablet</i>	T1	MM
<i>lactated ringers irrigation solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	T1	MM
LAGEVRIO (EUA) ORAL CAPSULE	T2	QL
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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,disintegrat, delay rel 15 mg</i>	T1	MM; QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	T1	MM
<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

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Drug Name	Drug Tier	Requirements/ Limits
<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
LAZCLUZE ORAL TABLET	T3	PA; SP; 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
<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

Drug Name	Drug Tier	Requirements/ Limits
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; SP; Preferred Alternatives (ELIGARD, FIRMAGON, LUPRON DEPOT)
<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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM
levetiracetam oral solution	T1	MM
levetiracetam oral tablet	T1	MM
levetiracetam oral tablet extended release 24 hr	T1	MM
levobunolol ophthalmic (eye) drops 0.5 %	T1	MM
levocarnitine (with sugar) oral solution	T1	MM
levocarnitine oral solution 100 mg/ml	T1	MM
levocarnitine oral tablet	T1	MM
levofloxacin ophthalmic (eye) drops 1.5 %	T1	
levofloxacin oral solution	T1	
levofloxacin oral tablet	T1	
levonest (28) oral tablet	T1	MM
levonorgest-eth.estradiol-iron oral tablet	T1	MM
levonorgestrel oral tablet	T1	QL
levonorgestrel-ethinyl estrad oral tablet	T1	MM
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	T1	MM
levonorg-eth estrad triphasic oral tablet	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
levora-28 oral tablet	T1	MM
levo-t oral tablet	T1	MM
LEVOTHYROXINE ORAL CAPSULE	T3	MM; Preferred Alternatives (EUTHYROX, LEVOTHYROXINE SODIUM, LEVOXYL, UNITHROID)
levothyroxine oral tablet	T1	MM
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	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	
LEXAPRO ORAL TABLET	T3	BP; MM; Preferred Alternatives (ESCITALOPRAM OXALATE)
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	T3	BP; MM; Preferred Alternatives (MESALAMINE)
LIBERVANT BUCCAL FILM	T3	Preferred Alternatives (DIAZEPAM)

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Drug Name	Drug Tier	Requirements/ Limits
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (CLIDINIUM W/CHLORDIAZ EPOXIDE)
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine topical cream</i>	T1	QL
<i>lidocaine-prilocaine topical kit</i>	T1	
<i>lidocan iii topical adhesive patch,medicated</i>	T1	
<i>lidocan iv topical adhesive patch,medicated</i>	T1	
<i>lidocan v topical adhesive patch,medicated</i>	T1	
<i>lidocort topical cream</i>	T1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	T3	BP; Preferred Alternatives (LIDOCAINE)
LIKMEZ ORAL SUSPENSION	T3	Preferred Alternatives (METRONIDAZOLE)
<i>linezolid oral suspension for reconstitution</i>	T1	
<i>linezolid oral tablet</i>	T1	
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)

Drug Name	Drug Tier	Requirements/ Limits
LIQREV ORAL SUSPENSION	T3	ST; SP; MM; QL; Preferred Alternatives (SILDENAFIL CITRATE, TADALAFIL)
LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR	T3	PA; MM; QL; Preferred Alternatives (BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY, VICTOZA)
<i>lisdexamfetamine oral capsule</i>	T1	MM
<i>lisdexamfetamine oral tablet, chewable</i>	T1	MM
<i>lisinopril oral tablet</i>	T1	MM
<i>lisinopril-hydrochlorothiazide oral tablet</i>	T1	MM
LITEAIRE MDI CHAMBER SPACER	T2	
LITFULO ORAL CAPSULE	T2	PA; SP; MM; QL
<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
<i>lithium citrate oral solution</i>	T1	MM
LITHOBID ORAL TABLET EXTENDED RELEASE	T3	BP; MM; Preferred Alternatives (LITHIUM CARBONATE)
LITHOSTAT ORAL TABLET	T3	

Drug Name	Drug Tier	Requirements/ Limits
LIVALO ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (PITAVASTATIN CALCIUM)
LIVDELZI ORAL CAPSULE	T2	PA; SP; MM
LIVMARLI ORAL SOLUTION	T3	PA; SP; MM; Preferred Alternatives (CHOLESTYRAMINE, NALTREXONE HYDROCHLORIDE, RIFAMPIN, SERTRALINE HCL, 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
LODOCO ORAL TABLET	T3	MM; Preferred Alternatives (COLCHICINE)
LODOSYN ORAL TABLET	T3	PA; BP; MM; Preferred Alternatives (CARBIDOPA)

Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN 1.5/30 (21) ORAL TABLET	T3	BP; MM; Preferred Alternatives (AUROVELA, HAILEY, JUNEL, LARIN, MICROGESTIN, NORETHINDR ONE-ETHIN ESTRADIOL)
LOESTRIN 1/20 (21) ORAL TABLET	T3	BP; MM; Preferred Alternatives (AUROVELA, JUNEL, LARIN, MICROGESTIN, NORETHINDR ONE-ETHIN ESTRADIOL)
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	T3	BP; MM; Preferred Alternatives (AUROVELA FE, BLISOVI FE, HAILEY FE, JUNEL FE, LARIN FE, MICROGESTIN FE, NORETHINDR ONE-E. ESTRADIOL-IRON)
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	T3	BP; MM; Preferred Alternatives (AUROVELA FE, BLISOVI FE, JUNEL FE, LARIN FE, NORETHINDR ONE-E. ESTRADIOL-IRON, TARINA FE)
<i>lofena oral tablet</i>	T1	
<i>lofexidine oral tablet</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
<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 (PHENTERMIN E 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
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)

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Drug Name	Drug Tier	Requirements/ Limits
<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, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (LORAZEPAM)
<i>loryna (28) oral tablet</i>	T1	MM
<i>losartan oral tablet</i>	T1	MM
<i>losartan-hydrochlorothiazide oral tablet</i>	T1	MM
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL	T3	BP; Preferred Alternatives (LOTEPREDNOL ETABONATE)
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	BP; Preferred Alternatives (LOTEPREDNOL ETABONATE)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, DIFLUPREDNATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, DIFLUPREDNATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE 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	
LOTREL ORAL CAPSULE	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

Drug Name	Drug Tier	Requirements/ Limits
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	
LULICONAZOLE TOPICAL CREAM	T3	QL; Preferred Alternatives (CICLOPIROX, ECONAZOLE NITRATE, KETOCONAZOLE, NAFTIFINE HCL, OXICONAZOLE NITRATE)
LUMAKRAS ORAL TABLET	T3	PA; SP; MM; LA

Drug Name	Drug Tier	Requirements/ Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	MM; Preferred Alternatives (BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST)
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET	T2	PA; SP; MM
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	T2	PA; SP
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	T2	PA; ST; SP; MM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	T2	PA; ST; SP; MM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	T2	PA; ST; SP; MM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T2	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	T2	PA; ST; SP; MM
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>lutea (28) oral tablet</i>	T1	MM
LUZU TOPICAL CREAM	T3	QL; Preferred Alternatives (CICLOPIROX, ECONAZOLE NITRATE, KETOCONAZOLE, NAFTIFINE HCL, OXICONAZOLE NITRATE)
LYBALVI ORAL TABLET	T3	MM; Preferred Alternatives (ARIPIRAZOLE, 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

Drug Name	Drug Tier	Requirements/ Limits
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 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	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)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR	T2	MM
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	MM
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)
<i>mafenide acetate topical packet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium citrate oral solution</i>	T1	
MALARONE ORAL TABLET	T3	BP; QL; Preferred Alternatives (ATOVAQUON E-PROGUANIL HCL)
MALARONE PEDIATRIC ORAL TABLET	T3	BP; QL; Preferred Alternatives (ATOVAQUON E-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
MARNATAL-F ORAL CAPSULE	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)

Drug Name	Drug Tier	Requirements/ Limits
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)
MAVYRET ORAL TABLET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)

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Drug Name	Drug Tier	Requirements/ Limits
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 (DEXAMETHAS ONE SODIUM PHOSPHATE, DIFLUPREDNA TE, FLUOROMETH OLONE, LOTEPREDNO L ETABONATE, PREDNISOLON E ACETATE)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPEN SION	T3	BP; Preferred Alternatives (NEO/POLYMY XIN/DEXAMET HASONE)
MAXITROL OPHTHALMIC (EYE) OINTMENT	T3	BP; Preferred Alternatives (NEO/POLYMY XIN/DEXAMET HASONE)
<i>maxi-tuss ac oral liquid</i>	T1	
MAXI-TUSS CD ORAL LIQUID	T3	
MAYZENT ORAL TABLET	T2	ST; SP; MM; QL; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	T2	ST; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	T2	ST; SP; QL; LA
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 (METHYLPRED NISOLONE)
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	T3	BP; Preferred Alternatives (METHYLPRED NISOLONE)
MEDROL ORAL TABLET 2 MG	T3	Preferred Alternatives (METHYLPRED NISOLONE)
<i>medroxyprogester one intramuscular suspension</i>	T1	MM; QL
<i>medroxyprogester one intramuscular syringe</i>	T1	MM; QL
<i>medroxyprogester one 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

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Drug Name	Drug Tier	Requirements/ Limits
<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	SP; MM; QL
MEKINIST ORAL TABLET	T2	SP; MM; QL; LA
MEKTOVI ORAL TABLET	T2	SP; MM; QL; LA
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>memantine oral capsule, sprinkle, or 24hr</i>	T1	MM
<i>memantine oral solution</i>	T1	MM
<i>memantine oral tablet</i>	T1	MM
MEMANTINE ORAL TABLETS, DOSE PACK	T3	Preferred Alternatives (MEMANTINE HCL)
MENEST ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL, PREMARIN)
MENOSTAR TRANSDERMAL PATCH WEEKLY	T3	MM; QL; Preferred Alternatives (ESTRADIOL)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	T2	

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>meperidine oral tablet 50 mg</i>	T1	PA; QL; Preferred Alternatives (CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, OXYCODONE HCL)
<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

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Drug Name	Drug Tier	Requirements/ Limits
<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	
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)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	T3	BP; MM
<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

Drug Name	Drug Tier	Requirements/ Limits
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
<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>methimazole oral tablet 10 mg, 5 mg</i>	T1	MM
METHITEST ORAL TABLET	T2	PA; MM
<i>methocarbamol oral tablet</i>	T1	
<i>methotrexate sodium (pf) injection solution</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>methyl salicylate topical liquid</i>	T1	
<i>methyldopa oral tablet</i>	T1	MM
<i>methyldopa-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

Drug Name	Drug Tier	Requirements/ Limits
<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
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	T3	MM; Preferred Alternatives (DEXMETHYLPHENIDATE 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	

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Drug Name	Drug Tier	Requirements/ Limits
<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)
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 0.75 % (37.5mg/5 gram)</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 fe oral tablet, chewable</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
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)
<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	

Drug Name	Drug Tier	Requirements/ Limits
MICRODOT BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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

Drug Name	Drug Tier	Requirements/ Limits
<i>microgestin 1/20 (21) 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	
<i>midazolam oral syrup 2 mg/ml</i>	T1	
<i>midodrine oral tablet</i>	T1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS	T2	QL
MIFEPREX ORAL TABLET	T3	
<i>mifepristone oral tablet 200 mg</i>	T1	
<i>mifepristone oral tablet 300 mg</i>	T1	PA; SP; MM
<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 (DIHYDROERG OTAMINE 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

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Drug Name	Drug Tier	Requirements/ Limits
MINIMED 770G INSULIN PUMP	T2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	T2	MM
MINIMED QUICK SET 43" INFUSION SET	T2	MM
MINIMED SILHOUETTE 23" INFUSION SET	T2	MM
MINIMED SURE T 32" INFUSION SET	T2	MM
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	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	
<i>minoxidil oral tablet</i>	T1	MM
MIPLYFFA ORAL CAPSULE	T3	PA; SP; MM
<i>mirabegron oral tablet extended release 24 hr</i>	T1	MM
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	T3	BP; MM; Preferred Alternatives (PRAMIPEXOL ER)
<i>mirtazapine oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine oral tablet, disintegrating</i>	T1	MM
MIRVASO TOPICAL GEL WITH PUMP	T2	PA; BP
<i>misoprostol oral tablet</i>	T1	MM
MITIGARE ORAL CAPSULE	T2	BP; 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
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	T2	
<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>mondoxylene nl oral capsule</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
MONODOX ORAL CAPSULE	T3	BP; Preferred Alternatives (DOXYCYCLINE MONOHYDRATE)
<i>mono-lyyah 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
MORGIDOX 1X 50 KIT	T3	Preferred Alternatives (DOXYCYCLINE HYCLATE)
MORGIDOX 1X100 KIT	T3	Preferred Alternatives (DOXYCYCLINE HYCLATE)
<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</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
MOTEGRITY ORAL TABLET	T3	MM; QL; Preferred Alternatives (LUBIPROSTONE, LINZESS, TRULANCE)

Drug Name	Drug Tier	Requirements/ Limits
MOTOFEN ORAL TABLET	T3	Preferred Alternatives (DIPHENOXYLATE W/ATROPINE)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	MM; Preferred Alternatives (LACOSAMIDE)
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	
MRESVIA (PF) INTRAMUSCULAR SYRINGE	T2	

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Drug Name	Drug Tier	Requirements/ Limits
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 (DOPTelet)
MULTAQ ORAL TABLET	T2	MM
<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
<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
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	ST; SP; MM; QL; Preferred Alternatives (SOMATULINE DEPOT)
<i>mycophenolate mofetil oral capsule</i>	T1	MM
<i>mycophenolate mofetil oral suspension for reconstitution</i>	T1	MM
<i>mycophenolate mofetil oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	T1	MM
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	T3	BP; MM; Preferred Alternatives (DEXTROAMP HETAMINE-AMPHET ER)
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
MYHIBBIN ORAL SUSPENSION	T2	MM
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

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	BP; MM
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 2 %	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	T3	
<i>naltrexone oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (MEMANTINE HCL)
NAMENDA XR ORAL CAP,SPRINKLE,E R 24HR DOSE PACK	T3	Preferred Alternatives (MEMANTINE HCL ER)
NAMENDA XR ORAL CAPSULE,SPRIN KLE,ER 24HR 7 MG	T3	BP; MM; Preferred Alternatives (MEMANTINE HCL ER)
NAMZARIC ORAL CAPSULE,SPRIN KLE,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
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen- esomeprazole oral tablet,ir,delayed rel,biphasic</i>	T1	MM
<i>naratriptan oral tablet</i>	T1	QL
NARCAN NASAL SPRAY,NON- AEROSOL	T3	BP; QL; Preferred Alternatives (NALOXONE HCL)
NARDIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (PHENELZINE SULFATE)
NASCOBAL NASAL SPRAY,NON- AEROSOL	T2	BP; MM; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (M- NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE- NATAL 19, WESTAB PLUS)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPEN SION	T2	
NATAL PNV ORAL TABLET	T3	MM; Preferred Alternatives (M- NATAL PLUS, PRENATABS RX, PRENATAL PLUS, PRENATAL PLUS, SE- NATAL 19, SE- NATAL 19, WESTAB PLUS)
NATAZIA ORAL TABLET	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide oral tablet</i>	T1	MM
NATESTO NASAL GEL IN METERED-DOSE PUMP	T3	MM; QL; Preferred Alternatives (TESTOSTERONE, TESTOSTERONE)
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 (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

Drug Name	Drug Tier	Requirements/ Limits
<i>nefazodone oral tablet</i>	T1	MM; Preferred Alternatives (BUPROPION HCL, MIRTAZAPINE, TRAZODONE HCL)
NEFFY NASAL SPRAY, NON-AEROSOL	T2	QL
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	T2	SP; MM; QL
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc otic (ear) drops, suspension</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	T1	
NEONATAL COMPLETE ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
NEONATAL FE ORAL TABLET	T3	
NEONATAL PLUS VITAMIN ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
NEONATAL-DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL 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)

Drug Name	Drug Tier	Requirements/ Limits
NEORAL ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (CYCLOSPORINE)
NEO-SYNALAR KIT TOPICAL CREAM	T3	
NEO-SYNALAR TOPICAL CREAM	T3	
<i>neo-vital rx oral tablet</i>	T1	MM
NERLYNX ORAL TABLET	T2	PA; SP; LA
NESINA ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN HCL, JANUVIA, TRADJENTA)
NESTABS ABC ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
NESTABS DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

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Drug Name	Drug Tier	Requirements/ Limits
NESTABS ONE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
NESTABS ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	T3	
<i>neuac topical gel</i>	T1	
NEULASTA SUBCUTANEOUS SYRINGE	T2	ST; SP; QL
NEUPOGEN INJECTION SOLUTION	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)
NEUPOGEN INJECTION SYRINGE	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)
NEUPRO TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (PRAMIPEXOLE DI-HCL, PRAMIPEXOLE ER, ROPINIROLE HCL)

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (GABAPENTIN)
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

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Drug Name	Drug Tier	Requirements/ Limits
NEXAVAR ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (SORAFENIB)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	MM; Preferred Alternatives (CLONIDINE HCL, CLONIDINE HCL)
NEXIUM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	T3	BP; MM; QL; Preferred Alternatives (ESOMEPRazole MAGNESIUM)
NEXIUM ORAL CAPSULE, DELAYED 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 (DEXLANSOPRAZOLE DR, ESOMEPRazole MAGNESIUM, LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM)

Drug Name	Drug Tier	Requirements/ Limits
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
NEXTSTELLIS ORAL TABLET	T2	MM
NGENLA SUBCUTANEOUS PEN INJECTOR	T2	ST; 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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine transdermal patch 24 hour</i>	T1	
<i>nicotine transdermal patch, td daily, sequential</i>	T1	
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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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 monohydr/m-cryst oral capsule</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	T1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	T3	Preferred Alternatives (NITROFURANTOIN)
<i>nitroglycerin rectal ointment</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)

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Drug Name	Drug Tier	Requirements/ Limits
NITROSTAT SUBLINGUAL TABLET	T3	BP; MM; Preferred Alternatives (NITROGLYCE RIN)
<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
NIVESTYM SUBCUTANEOU S SYRINGE	T2	ST; SP
<i>nizatidine oral capsule</i>	T1	MM
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTE GRATING	T3	PA; MM; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTE GRATING	T3	PA; MM; QL
<i>nora-be oral tablet</i>	T1	MM
NORDITROPIN FLEXPRO SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, OMNITROPE)
<i>norelgestromin- ethin.estradiol transdermal patch weekly</i>	T1	MM
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	T1	MM
<i>norethindrone (contraceptive) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<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
<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 (METRONIDAZ OLE)
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)

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Drug Name	Drug Tier	Requirements/ Limits
NORTHERA ORAL CAPSULE	T3	PA; SP; BP; MM; Preferred Alternatives (ATOMOXETIN 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
<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)

Drug Name	Drug Tier	Requirements/ Limits
NOURIANZ ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (CABERGOLINE, ENTACAPONE, PRAMIPEXOLE DI-HCL, RASAGILINE MESYLATE, ROPINIROLE HCL)
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 INTRAMUSCULAR RECON SOLN 5,000 UNIT	T2	SP; QL

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Drug Name	Drug Tier	Requirements/ Limits
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	T2	
NOVOEIGHT INTRAVENOUS RECON SOLN	T2	ST; SP; MM; LA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMULIN 70/30 KWIKPEN)
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, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25, INSULIN LISPRO PROTAMINE MIX)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (HUMALOG MIX 75-25, INSULIN LISPRO PROTAMINE MIX)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	MM; Preferred Alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, 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)
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	

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Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	T3	PA; QL; Preferred Alternatives (HYDROCODONE BITARTRATE ER, HYDROMORPHONE ER, MORPHINE SULFATE ER, OXYMORPHONE HCL ER, HYSINGLA ER, OXYCONTIN)
NUCYNTA ORAL TABLET	T2	PA; QL
NUDEXTA ORAL CAPSULE	T2	
NULEV ORAL TABLET,DISINTEGRATING	T3	BP; MM; Preferred Alternatives (HYOSCYAMINE SULFATE)
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, OMNITROPE)

Drug Name	Drug Tier	Requirements/ Limits
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, ALTUVIIIO, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA)
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)
NYNUTEY TOPICAL CREAM	T3	
<i>nystatin oral suspension</i>	T1	
<i>nystatin oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
<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	T3	ST; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, ZIEXTENZO)
OB COMPLETE ONE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
OB COMPLETE ORAL TABLET	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE PETITE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
OB COMPLETE PREMIER ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
OB COMPLETE WITH DHA ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL 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

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Drug Name	Drug Tier	Requirements/ Limits
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	
OGSIVEO ORAL TABLET	T3	PA; SP; MM; LA
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION	T3	SP; MM; Preferred Alternatives (ANORO ELLIPTA, STIOLTO RESPIMAT, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT, BREO ELLIPTA, DULERA)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	T2	PA; SP; MM
OJEMDA ORAL TABLET	T2	PA; SP; MM
OJJAARA ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (JAKAFI)
<i>olanzapine oral tablet</i>	T1	MM
<i>olanzapine oral tablet, disintegrating</i>	T1	MM
<i>olanzapine-fluoxetine oral capsule</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan oral tablet</i>	T1	MM
<i>olmesartan-amlodipine hydrochloride 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	ST; SP; MM; Preferred Alternatives (SODIUM PHENYLBUTYRATE, PHEBURANE)
OLUMIANT ORAL TABLET	T2	ST; SP; MM; QL; LA
OLUX TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (CLOBETASOL PROPIONATE)
OMECLAMOX-PAK ORAL COMBO PACK	T3	QL; Preferred Alternatives (BISMUTH-METRONIDAZOLE-TETRACYCLINE, LANSOPRAZOLE-AMOXICILIN-CLARITHROMycin, TALICIA)
<i>omega-3 acid ethyl esters oral capsule</i>	T1	MM
<i>omeprazole oral capsule, delayed release (dr/lec) 10 mg, 20 mg</i>	T1	MM; QL
<i>omeprazole oral capsule, delayed release (dr/lec) 40 mg</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<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/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	T2	MM
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	T2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	T2	MM; QL
OMNIPOD 5 INTRO(G6/LIBRE 2PLUS) SUBCUTANEOUS CARTRIDGE	T2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	T2	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
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; QL
OMNITROPE SUBCUTANEOUS CARTRIDGE	T2	ST; SP; MM; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	T2	ST; SP; MM; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	T2	ST; SP; MM; QL; LA
OMVOH SUBCUTANEOUS SYRINGE	T2	ST; SP; MM; QL; LA
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)

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Drug Name	Drug Tier	Requirements/ Limits
ON CALL EXPRESS METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	T3	Preferred Alternatives (ONDANSETRON ODT)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	T1	
<i>one daily prenatal oral combo pack</i>	T1	MM
<i>onelax magnesium citrate oral solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
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
ONEXTON TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (CLINDAMYCIN-BENZOYL PEROXIDE)
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)
ONUREG ORAL TABLET	T3	PA; SP; MM; QL; LA
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR	T3	MM; Preferred Alternatives (CLONIDINE HCL ER)

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Drug Name	Drug Tier	Requirements/ Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (SUMATRIPTAN, ZOLMITRIPTAN, ZOMIG)
<i>opcicon one-step oral tablet</i>	T1	QL
OPFOLDA ORAL CAPSULE	T3	PA; SP; MM; QL; Preferred Alternatives (LUMIZYME)
OPILL ORAL TABLET	T2	MM
<i>opium tincture oral tincture</i>	T1	
OPSUMIT ORAL TABLET	T2	ST; SP; MM; QL
OPSYNVI ORAL TABLET	T2	ST; SP; MM; QL
OPTICHAMBER DIAMOND VHC SPACER	T2	
<i>option-2 oral tablet</i>	T1	QL
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
OPVEE NASAL SPRAY, NON-AEROSOL	T3	Preferred Alternatives (NALOXONE HCL, KLOXXADO, REXTOVY)
OPZELURA TOPICAL CREAM	T3	QL; Preferred Alternatives (PIMECROLIMUS, TACROLIMUS, BETAMETHASONE DIPROPIONATE, FLUOCINONIDE, HALCINONIDE, TRIAMCINOLONE ACETONIDE)
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE	T3	BP; Preferred Alternatives (DOXYCYCLINE IR-DR)
ORACIT ORAL SOLUTION	T3	Preferred Alternatives (ORAL CITRATE)
<i>oral saline laxative oral liquid</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	T2	PA; SP; MM
<i>oralone dental paste</i>	T1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	T3	
ORAPRED ODT ORAL TABLET,DISINTE GRATING	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, OTEZLA, RINVOQ, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
ORENCIA SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, OTEZLA, RINVOQ, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, XELJANZ)

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	T3	PA; SP; QL; Preferred Alternatives (UPTRAVI)
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, LUPRON DEPOT)
ORIAHNN ORAL CAPSULE, SEQUENTIAL	T2	PA; MM
ORILISSA ORAL TABLET 150 MG	T2	PA; MM; QL
ORILISSA ORAL TABLET 200 MG	T2	PA; QL

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Drug Name	Drug Tier	Requirements/ Limits
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 (HAEGARDA, TAKHZYRO)
ORLISTAT ORAL CAPSULE	T3	MM; QL; Preferred Alternatives (ALLI)
<i>ormalvi oral tablet</i>	T1	ST; SP; MM
<i>orphenadrine citrate oral tablet extended release</i>	T1	
ORSERDU ORAL TABLET	T2	SP; MM; QL; LA
<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, SAXAGLIPTIN HCL, JANUVIA, TRADJENTA)
OSPHENA ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL, YUVAFEM, ESTRING, PREMARIN)
OTEZLA ORAL TABLET	T2	ST; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	T2	ST; SP; QL; LA
OTOVEL OTIC (EAR) SOLUTION	T3	Preferred Alternatives (CIPROFLOXACIN-DEXAMETHASONE)
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)

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Drug Name	Drug Tier	Requirements/ Limits
OVIDE TOPICAL LOTION	T3	BP; Preferred Alternatives (MALATHION)
OVIDREL SUBCUTANEOUS SYRINGE	T2	SP
OXAPROZIN ORAL CAPSULE	T3	Preferred Alternatives (OXAPROZIN, DICLOFENAC SODIUM, INDOMETHACIN, IBUPROFEN, MELOXICAM, NAPROXEN SODIUM, NABUMETONE)
<i>oxaprozin oral tablet</i>	T1	MM
<i>oxazepam oral capsule</i>	T1	Preferred Alternatives (LORAZEPAM)
<i>oxcarbazepine oral suspension</i>	T1	MM
<i>oxcarbazepine oral tablet</i>	T1	MM
<i>oxcarbazepine oral tablet extended release 24 hr</i>	T1	MM
OXERVATE OPHTHALMIC (EYE) DROPS	T2	PA; SP
<i>oxiconazole topical cream</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
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	BP; MM; Preferred Alternatives (OXCARBAZEPINE ER)
<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, TROSPIMUM CHLORIDE, MYRBETRIQ)
<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

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Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE ORAL TABLET, ORAL ONLY	T3	PA; QL; Preferred Alternatives (OXYCODONE HCL)
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, OXYBUTYNYN CHLORIDE ER, SOLIFENACIN SUCCINATE, TOLTERODINE TARTRATE ER, TROSPIMUM 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 DS ORAL SOLUTION	T3	ST; MM; Preferred Alternatives (BACLOFEN)
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

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	T3	PA; SP; MM; QL
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

Drug Name	Drug Tier	Requirements/ Limits
PALYNZIQ SUBCUTANEOU S SYRINGE 10 MG/0.5 ML, 20 MG/ML	T2	PA; SP; MM; QL
PALYNZIQ SUBCUTANEOU S SYRINGE 2.5 MG/0.5 ML	T2	PA; SP; QL
PAMELOR ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (NORTRIPTYL INE HCL)
PANCREAZE ORAL CAPSULE, DELAY ED 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 (BETAMETHAS ONE VALERATE, DESOXIMETAS ONE, FLUOCINOLON E ACETONIDE, FLURANDREN OLIDE, HYDROCORTI SONE VALERATE, MOMETASONE FUROATE, TRIAMCINOLO NE ACETONIDE)

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Drug Name	Drug Tier	Requirements/ Limits
PANRETIN TOPICAL GEL	T3	
<i>pantoprazole oral granules dr for susp in packet</i>	T1	MM
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	T1	MM; QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	T1	MM
<i>paricalcitol oral capsule</i>	T1	MM
PARNATE ORAL TABLET	T3	BP; MM; Preferred Alternatives (TRANLYCYPR OMINE 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	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (PAROXETINE ER)

Drug Name	Drug Tier	Requirements/ Limits
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
<i>pazopanib oral tablet</i>	T1	ST; SP; MM; QL; LA
PEDIARIX (PF) INTRAMUSCULA R SYRINGE	T2	
PEDVAX HIB (PF) INTRAMUSCULA R 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 SUBCUTANEOU S SOLUTION	T2	SP; QL; LA
PEGASYS SUBCUTANEOU S 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 AUTOCOVER, NOVOFINE PLUS)
PENBRAYA (PF) INTRAMUSCULAR KIT	T2	
<i>peniclovir 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

Drug Name	Drug Tier	Requirements/ Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	T3	BP; MM; Preferred Alternatives (MESALAMINE ER)
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine oral tablet</i>	T1	MM
<i>perphenazine-amitriptyline oral tablet</i>	T1	MM
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	T3	MM; Preferred Alternatives (CREON, PANCREAZE, ZENPEP)
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	T2	
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	
PHARMACIST CHOICE GLUCOSE SYS	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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	ST; 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
<i>phenobarb-hyoscy-atropine-scop oral elixir</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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine oral capsule</i>	T1	QL
<i>phentermine oral tablet</i>	T1	QL
<i>phenylephrine hcl ophthalmic (eye) drops</i>	T1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops</i>	T1	
PHENYTEK ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (PHENYTOIN SODIUM)
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	MM
<i>phenytoin oral tablet, chewable</i>	T1	MM
<i>phenytoin sodium extended oral capsule</i>	T1	MM
PHEXXI VAGINAL GEL	T3	QL; Preferred Alternatives (CAYA CONTOURED, CONDOM, FC2 FEMALE CONDOM, FEMCAP, GYNOL II, VCF, TODAY CONTRACEPTIVE SPONGE)
<i>philith oral tablet</i>	T1	MM
<i>phosphate laxative oral liquid</i>	T1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	T2	SP; MM
PHYSIOLYTE IRRIGATION SOLUTION	T3	BP

Drug Name	Drug Tier	Requirements/ Limits
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
PIFELTRO ORAL TABLET	T3	MM; Preferred Alternatives (EFAVIRENZ, EFAVIRENZ-EMTRIC-TENOFOV DISOP, 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>pimtrea (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

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Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone-metformin oral tablet</i>	T1	MM; QL
PIP BLOOD GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>pitavastatin calcium oral tablet</i>	T1	MM; QL
PLAN B ONE-STEP ORAL TABLET	T2	BP; QL
PLAQUENIL ORAL TABLET	T3	BP; MM; Preferred Alternatives (HYDROXYCHLOROQUINE SULFATE)
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)
PLAVIX ORAL TABLET 75 MG	T3	BP; MM; Preferred Alternatives (CLOPIDOGRE L)
PLEGRIDY INTRAMUSCULAR SYRINGE	T2	ST; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
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, SOD SULF- POTASS SULF- MAG SULF, CLENPIQ, SUFLAVE, SUPREP, SUTAB)
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	T3	Preferred Alternatives (SODIUM SULFACETAMI DE/SULFUR)
PLEXION NS TOPICAL SHAMPOO	T3	Preferred Alternatives (SODIUM SULFACETAMI DE)
PLEXION TOPICAL CLEANSER	T3	Preferred Alternatives (SODIUM SULFACETAMI DE/SULFUR)

Drug Name	Drug Tier	Requirements/ Limits
PLEXION TOPICAL CREAM	T3	Preferred Alternatives (SODIUM SULFACETAMI DE/SULFUR)
PLEXION TOPICAL LOTION	T3	Preferred Alternatives (SODIUM SULFACETAMI DE/SULFUR)
PLIAGLIS TOPICAL CREAM	T3	QL; Preferred Alternatives (LIDOCAINE- PRILOCAINE, LIDOCAINE HCL)
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 gel</i>	T1	QL
<i>podofilox topical solution</i>	T1	
POKONZA ORAL PACKET	T3	MM; Preferred Alternatives (POTASSIUM CHLORIDE)
<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	
POLY-TUSSIN AC ORAL LIQUID	T3	

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Drug Name	Drug Tier	Requirements/ Limits
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
<i>posaconazole oral tablet, delayed release (drlec)</i>	T1	PA
<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 10 meq, 20 meq, 8 meq</i>	T1	MM
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	T3	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	

Drug Name	Drug Tier	Requirements/ Limits
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	T3	BP; MM; Preferred Alternatives (DABIGATRAN ETEXILATE)
PRADAXA ORAL PELLETS IN PACKET	T3	SP; MM; Preferred Alternatives (DABIGATRAN ETEXILATE, XARELTO)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	T3	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 1-1 %	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

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Drug Name	Drug Tier	Requirements/ Limits
<i>pravastatin oral tablet</i>	T1	MM; QL
<i>praziquantel oral tablet</i>	T1	
<i>prazosin oral capsule</i>	T1	MM
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
PRECOSE ORAL TABLET	T3	BP; MM; Preferred Alternatives (ACARBOSE)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (PREDNISOLONE ACETATE)

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Drug Name	Drug Tier	Requirements/ Limits
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (DEXAMETHASONE SODIUM PHOSPHATE, DIFLUPREDNATE, FLUOROMETHOLONE, LOTEPREDNOL ETABONATE, PREDNISOLONE ACETATE)
<i>prednicarbate topical cream</i>	T1	
<i>prednicarbate topical ointment</i>	T1	
PREDNISOLONE-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS	T3	
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	T1	
PREDNISOLONE ACETATE-BROMFENAC OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLONE ACETATE-NEPAFENAC OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>prednisolone oral solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone oral tablet</i>	T1	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (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,disintegrating</i>	T1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS,SUSPENSION	T3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone intensol oral concentrate</i>	T1	
<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)
PREMARIN ORAL TABLET	T2	MM
PREMARIN VAGINAL CREAM	T2	MM
PREMIER BLU GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
PREMIER CLASSIC GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
PREMIER COMPACT GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
PREMIER VOICE GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
PREMIUM BLOOD GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
PREMIUM V10	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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
PRENATA ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
<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 (algae oil) oral capsule</i>	T1	MM
<i>prenatal multivitamins oral tablet</i>	T1	MM
<i>prenatal one daily oral tablet</i>	T1	MM
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal plus (calcium carb) oral tablet</i>	T1	MM
PRENATAL PLUS DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
<i>prenatal plus oral tablet</i>	T1	MM
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
<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 (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)

Drug Name	Drug Tier	Requirements/ Limits
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
PRENATE ENHANCE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
PRENATE PIXIE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
PRENATE RESTORE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

Drug Name	Drug Tier	Requirements/ Limits
PRENATE STAR ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
PREPIDIL VAGINAL GEL	T3	
PRESTALIA ORAL TABLET	T3	MM; Preferred Alternatives (AMLODIPINE BESYLATE-BENAZEPRIL)
PRESTO PRO BLOOD GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
PRETOMANID ORAL TABLET	T3	PA
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC)	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)

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Drug Name	Drug Tier	Requirements/ Limits
<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)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	T3	MM; Preferred Alternatives (SODIUM FLUORIDE)
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)
PREVIDENT KIDS DENTAL PASTE	T3	MM
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVYMIS ORAL TABLET	T2	QL

Drug Name	Drug Tier	Requirements/ Limits
PREZCOBIX ORAL TABLET	T3	MM; Preferred Alternatives (ATAZANAVIR SULFATE, DARUNAVIR, FOSAMPRENA VIR CALCIUM, LOPINAVIR-RITONAVIR, RITONAVIR, PREZISTA)
PREZISTA ORAL SUSPENSION	T2	MM
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	MM
PREZISTA ORAL TABLET 600 MG, 800 MG	T3	BP; MM; Preferred Alternatives (DARUNAVIR)
PRIFTIN ORAL TABLET	T2	
PRIOSEC 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 (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

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Drug Name	Drug Tier	Requirements/ Limits
<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) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (DESVENLAFAXINE SUCCINATE ER)
PRO VOICE V8 GLUCOSE MONITOR	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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

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Drug Name	Drug Tier	Requirements/ Limits
<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/HYDROCORTISONE)
PROCRIT INJECTION SOLUTION	T2	ST; SP; MM
PROCTOCORT RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (HYDROCORTISONE ACETATE)
PROCTOFOAM HC RECTAL FOAM	T3	Preferred Alternatives (PRAMOXINE HCL W/HYDROCORTISONE)
<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	

Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
PRODIGY AUTOCODE MONITOR SYST	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY POCKET METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
PRODIGY VOICE GLUCOSE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
<i>progesterone intramuscular oil</i>	T1	SP
<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

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (BROMFENAC SODIUM)
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- codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>promethazine- phenylephrine oral syrup</i>	T1	
<i>promethegan rectal suppository</i>	T1	
PROMETRIUM ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (PROGESTER ONE)
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol- hydrochlorothiazid oral tablet</i>	T1	MM
<i>propylthiouracil oral tablet</i>	T1	MM
PROQUAD (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTIO N	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 (PANTOPRAZO LE SODIUM)
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	T3	BP; MM; QL; Preferred Alternatives (PANTOPRAZO LE SODIUM)
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 40 MG	T3	BP; MM; Preferred Alternatives (PANTOPRAZO LE SODIUM)
<i>protriptyline oral tablet</i>	T1	MM
PROVERA ORAL TABLET	T3	BP; MM; Preferred Alternatives (MEDROXYPR OGESTERONE ACETATE)

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Drug Name	Drug Tier	Requirements/ Limits
PROVIDA OB ORAL CAPSULE	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
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)
<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-TETRACYC)

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrazinamide oral tablet</i>	T1	
PYRIDIDIUM 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
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)
QBREXZA TOPICAL TOWELETTE	T3	PA; Preferred Alternatives (BROMILOTION)
QDOLO ORAL SOLUTION	T3	QL; Preferred Alternatives (TRAMADOL HCL)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	MM; Preferred Alternatives (ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)

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Drug Name	Drug Tier	Requirements/ Limits
QINLOCK ORAL TABLET	T3	PA; SP; MM; QL; Preferred Alternatives (DASATINIB, IMATINIB MESYLATE, PAZOPANIB HCL, SORAFENIB, SUNITINIB MALATE, STIVARGA, TASIGNA)
QNASL NASAL HFA AEROSOL INHALER	T2	MM; QL
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	PA; MM; QL; Preferred Alternatives (BENZPHETAMINE HCL, DIETHYLPROPRION HCL, PHENTERMINE HCL, WEGOVY, ZEPBOUND)
QTERN ORAL TABLET	T3	PA; MM; Preferred Alternatives (GLYXAMBI)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	T2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	T2	
QUALAQUIN ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (QUININE SULFATE)

Drug Name	Drug Tier	Requirements/ Limits
QUARTETTE ORAL TABLETS, DOSE PACK, 3 MONTH	T3	BP; MM; Preferred Alternatives (LEVONORGESTH ESTRAD ETH ESTRAD, RIVELSA)
QUAZEPAM ORAL TABLET	T3	QL; Preferred Alternatives (ESTAZOLAM, LORAZEPAM)
QUDEXY XR ORAL CAPSULE, SPRINKLE, 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

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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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	QL; Preferred Alternatives (DOXEPIN HCL, ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM TARTRATE, ZOLPIDEM TARTRATE ER)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED	T2	MM; QL

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)
<i>rasagiline oral tablet</i>	T1	MM
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
RAVICTI ORAL LIQUID	T3	ST; SP; MM; Preferred Alternatives (SODIUM PHENYLBUTYRATE, PHEBURANE)
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	ST; SP; LA; Preferred Alternatives (ALPROLIX, IDELVION)
<i>reclipsen (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
RECOMBINATE INTRAVENOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (ADVATE, AFSTYLA, ALTUVIIIIO, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA)
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION	T2	
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE	T2	
RECORLEV ORAL TABLET	T3	PA; SP; MM; Preferred Alternatives (KETOCONAZO LE)
RECTIV RECTAL OINTMENT	T2	BP
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 (METOCLOPRA MIDE HCL)
REGRANEX TOPICAL GEL	T2	QL
RELAFEN DS ORAL TABLET	T3	MM; Preferred Alternatives (NABUMETON E, ETODOLAC, FLURBIPROFE N, IBUPROFEN, KETOPROFEN, MELOXICAM, OXAPROZIN)

Drug Name	Drug Tier	Requirements/ Limits
RELAGARD VAGINAL GEL	T3	BP; Preferred Alternatives (FEM PH)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	T3	QL; Preferred Alternatives (OSELTAMIVIR PHOSPHATE)
RELEUKO SUBCUTANEOUS SYRINGE	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	T3	BP; MM; Preferred Alternatives (METHYLPHENIDATE ER)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	T3	MM; Preferred Alternatives (DEXMETHYLPHENIDATE 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
RELION CONFIRM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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
RELPAK ORAL TABLET	T3	BP; QL; Preferred Alternatives (ELETRIPTAN HBR)
RELTONE ORAL CAPSULE	T3	MM; Preferred Alternatives (URSODIOL)
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

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	MM
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	MM
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	T2	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; QL; Preferred Alternatives (LORAZEPAM)
RETACRIT INJECTION SOLUTION	T3	ST; SP; MM; Preferred Alternatives (ARANESP, PROCRIT)

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO ORAL TABLET	T3	PA; SP; MM; QL; LA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	T3	BP; Preferred Alternatives (TRETINOIN MICROSPHERE)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	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 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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
REXTOVY NASAL SPRAY, NON-AEROSOL	T2	QL

Drug Name	Drug Tier	Requirements/ Limits
REXULTI ORAL TABLET	T3	MM; Preferred Alternatives (ARIPIRAZOLE, ASENAIPINE MALEATE, LURASIDONE HCL, OLANZAPINE, QUETIAPINE FUMARATE, RISPERIDONE, ZIPRASIDONE HCL)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T3	BP; MM; Preferred Alternatives (ATAZANAVIR SULFATE)
REYATAZ ORAL POWDER IN PACKET	T2	MM
REYVOW ORAL TABLET	T3	PA; QL; Preferred Alternatives (ELETRIPTAN HBR, NARATRIPTAN HCL, RIZATRIPTAN, SUMATRIPTAN SUCCINATE, NURTEC ODT, UBRELVY)
REZDIFFRA ORAL TABLET	T2	PA; SP; MM; QL
REZLIDHIA ORAL CAPSULE	T3	PA; SP; MM; QL; LA; Preferred Alternatives (TIBSOVO)
REZUROCK ORAL TABLET	T3	PA; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (INSULIN GLARGINE SOLOSTAR, 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	
RIGHTEST 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
RIGHTEST GM550 SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
RIGHTEST GT333 GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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 LQ ORAL SOLUTION	T2	ST; SP; MM; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	ST; SP; MM; QL; LA
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 (drlec)</i>	T1	MM; QL

Drug Name	Drug Tier	Requirements/ Limits
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
<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
RIVFLOZA SUBCUTANEOUS SOLUTION	T3	PA; SP; MM
RIXUBIS INTRAVENOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (BENEFIX)

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Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan oral tablet</i>	T1	QL
<i>rizatriptan oral tablet, disintegrating</i>	T1	QL
R-NATAL OB ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
ROBINUL FORTE ORAL TABLET	T3	BP; MM; Preferred Alternatives (GLYCOPYRROLATE)
ROBINUL ORAL TABLET	T3	BP; MM; Preferred Alternatives (GLYCOPYRROLATE)
ROCALtrol ORAL SOLUTION	T3	BP; MM; Preferred Alternatives (CALCITRIOL)
ROCKLATAN OPHTHALMIC (EYE) DROPS	T3	MM; Preferred Alternatives (LATANOPROST, RHOPRESSA, BETAXOLOL HCL, BIMATOPROST, DORZOLAMIDE-TIMOLOL, LEVOBUNOL HCL, TIMOLOL MALEATE)
<i>roflumilast oral tablet 250 mcg</i>	T1	MM; QL
<i>roflumilast oral tablet 500 mcg</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
ROLVEDON SUBCUTANEOUS SYRINGE	T3	PA; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, 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	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	T3	Preferred Alternatives (METRONIDAZOLE)
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	T3	Preferred Alternatives (METRONIDAZOLE)
<i>rosula cleansing cloths topical pads, medicated</i>	T1	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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
ROZLYTREK ORAL PELLETS IN PACKET	T2	PA; SP; MM; QL; LA
RUBRACA ORAL TABLET 250 MG, 300 MG	T2	PA; SP; MM; QL; LA
<i>rufinamide oral suspension</i>	T1	MM
<i>rufinamide oral tablet</i>	T1	MM
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	T3	PA; MM

Drug Name	Drug Tier	Requirements/ Limits
RYALTRIS NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (AZEASTINE HCL, AZEASTINE-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
RYCLORA ORAL SOLUTION	T3	BP; Preferred Alternatives (DEXCHLORPH ENIRAMINE MALEATE)
RYDAPT ORAL CAPSULE	T2	PA; SP; MM; QL; LA
RYTARY ORAL CAPSULE, EXTENDED RELEASE	T3	MM; Preferred Alternatives (CARBIDOPA/L EVODOPA, CARBIDOPA-LEVODOPA ER)
RYVENT ORAL TABLET	T3	Preferred Alternatives (CARBINOXAMINE)
SABRIL ORAL POWDER IN PACKET	T3	PA; SP; BP; MM; Preferred Alternatives (VIGABATRIN, VIGADRONE, VIGPODER)
SABRIL ORAL TABLET	T3	PA; SP; BP; MM; Preferred Alternatives (VIGABATRIN)

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL ORAL TABLET	T3	BP; MM; Preferred Alternatives (DROSPIRENO NE-ETH ESTRA- LEVOMEF, TYDEMY)
<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 (GRANISETRO N HCL, ONDANSETRO N HCL)
SANDIMMUNE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (CYCLOSPORI NE)
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)

Drug Name	Drug Tier	Requirements/ Limits
<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 SUBCUTANEOU S PEN INJECTOR	T3	PA; MM; QL; Preferred Alternatives (WEGOVY, ZEPBOUND)
SCALACORT DK TOPICAL COMBO PACK	T3	
<i>scalacort topical lotion</i>	T1	
SCSEMBLIX ORAL TABLET	T2	PA; SP; MM; QL; LA
<i>scopolamine base transdermal patch 3 day</i>	T1	

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Drug Name	Drug Tier	Requirements/ Limits
SECUADO TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (ARIPIRAZOLE, ASENAPINE MALEATE, LURASIDONE HCL, OLANZAPINE, QUETIAPINE FUMARATE, RISPERIDONE, ZIPRASIDONE HCL)
SEGLENTIS ORAL TABLET	T3	PA; QL; Preferred Alternatives (CELECOXIB, TRAMADOL HCL)
SEGLUROMET ORAL TABLET	T3	PA; MM; QL; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWA BLE	T3	BP; MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
SELECT-OB + DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)

Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
<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	
SELZENTRY ORAL SOLUTION	T2	MM
SELZENTRY ORAL TABLET 150 MG, 300 MG	T3	BP; MM; Preferred Alternatives (MARAVIROC)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	T3	MM; Preferred Alternatives (INSULIN GLARGINE SOLOSTAR, LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	T3	MM; Preferred Alternatives (INSULIN GLARGINE SOLOSTAR, 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
SERNIVO TOPICAL SPRAY WITH PUMP	T3	Preferred Alternatives (BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, DESOXIMETASONE, FLUOCINOLONE ACETONIDE, FLUOCINONIDE, TRIAMCINOLONE ACETONIDE)

Drug Name	Drug Tier	Requirements/ Limits
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
SEYSARA ORAL TABLET	T3	Preferred Alternatives (DOXYCYCLINE HYCLATE, MINOCYCLINE HCL, TETRACYCLINE HCL)

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Drug Name	Drug Tier	Requirements/ Limits
<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; ST; SP; MM; QL
<i>sildenafil oral tablet</i>	T1	MM; QL
SILENOR ORAL TABLET	T3	BP; QL; Preferred Alternatives (DOXEPIN HCL)
SILIQ SUBCUTANEOUS SYRINGE	T3	ST; SP; MM; QL; Preferred Alternatives (ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMIFYA)

Drug Name	Drug Tier	Requirements/ Limits
<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)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	T2	ST; SP; MM; QL; LA
<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, OTEZLA, RINVOQ, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	T2	ST; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ENBREL, OTEZLA, RINVOQ, SKYRIZI, 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/L EVODOPA)
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
SIRTUORO ORAL TABLET	T2	PA
SITAGLIPTIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN HCL, JANUVIA, TRADJENTA)

Drug Name	Drug Tier	Requirements/ Limits
SITAGLIPTIN- METFORMIN ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN- METFORMIN ER, JANUMET, JANUMET XR)
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	T2	ST; SP; MM
SLYND ORAL TABLET	T3	MM; Preferred Alternatives (CAMILA, DEBLITANE, ERRIN, HEATHER, NORETHINDRONE ACETATE, NORLYDA, SHAROBEL)

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Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE MONITORING SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
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)

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST EJECT KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
SMARTEST PERSONA STARTER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
SMARTEST PRONTO STARTER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST PROTEGE KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
SMARTEST 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 40 MG, 60 MG	T3	ST; MM; Preferred Alternatives (BUMETANIDE, FUROSEMIDE, TORSEMIDE)
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride injection syringe</i>	T1	
<i>sodium chloride irrigation solution</i>	T1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	T1	
<i>sodium fluoride 5000 plus dental cream</i>	T1	MM
<i>sodium fluoride-pot nitrate dental paste</i>	T1	MM
SODIUM OXYBATE ORAL SOLUTION	T2	PA; SP; MM; Preferred Alternatives (LUMRYZ, SODIUM OXYBATE, XYWAV)
<i>sodium phenylbutyrate oral powder</i>	T1	ST; MM
<i>sodium phenylbutyrate oral tablet</i>	T1	ST; MM
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium,potassium ,mag sulfates oral recon soln</i>	T1	
SOFDRA TOPICAL GEL WITH PUMP	T3	PA; Preferred Alternatives (BROMI-LOTION)
SOFOSBUVIR-VELPATASVIR ORAL TABLET	T3	ST; SP; QL; LA; Preferred Alternatives (EPCLUSA)

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Drug Name	Drug Tier	Requirements/ Limits
SOGROYA SUBCUTANEOU S PEN INJECTOR	T3	ST; SP; MM; Preferred Alternatives (GENOTROPIN, NGENLA, OMNITROPE, SKYTROFA)
SOHONOS ORAL CAPSULE	T3	PA; SP; MM; QL
<i>solifenacin oral tablet</i>	T1	MM
SOLQUA 100/33 SUBCUTANEOU S INSULIN PEN	T2	MM; QL
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	T2	QL
SOLTAMOX ORAL SOLUTION	T3	MM; Preferred Alternatives (TAMOXIFEN CITRATE)
SOLUS V2 AUDIBLE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 AUDIBLE METER KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
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)
<i>soluvita a,c,d with fluoride oral drops</i>	T1	MM
<i>soluvita oral drops</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
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	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
SOTYKTU ORAL TABLET	T2	ST; SP; MM; QL
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)

Drug Name	Drug Tier	Requirements/ Limits
SOVUNA ORAL TABLET	T3	MM; Preferred Alternatives (HYDROXYCHLOROQUINE SULFATE)
SPACE CHAMBER SPACER	T2	
SPEVIGO SUBCUTANEOUS SYRINGE	T3	PA; SP; MM
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	T2	
<i>spinosad topical suspension</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST	T2	MM; QL
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE	T3	BP; MM; QL; Preferred Alternatives (TIOTROPIUM BROMIDE)
<i>spironolactone oral suspension</i>	T1	MM
<i>spironolactone oral tablet</i>	T1	MM
<i>spironolactone-hydrochlorothiazide oral tablet</i>	T1	MM
SPORANOX ORAL CAPSULE	T3	BP; Preferred Alternatives (ITRACONAZOLE)
SPORANOX ORAL SOLUTION	T3	BP; Preferred Alternatives (ITRACONAZOLE)
<i>sprintec (28) oral tablet</i>	T1	MM

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Drug Name	Drug Tier	Requirements/ Limits
SPRITAM ORAL TABLET FOR SUSPENSION	T3	MM; Preferred Alternatives (LEVETIRACET AM, LEVETIRACET AM)
SPRIX NASAL SPRAY, NON- AEROSOL	T3	SP; QL; Preferred Alternatives (DICLOFENAC SODIUM, IBUPROFEN, INDOMETHACI N, KETOROLAC TROMETHAMI NE, MELOXICAM, NABUMETONE, NAPROXEN)
SPRYCEL ORAL TABLET	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (DASATINIB)
<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 (dr/ec)</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
STEGLATRO ORAL TABLET	T3	PA; MM; QL; Preferred Alternatives (FARXIGA, JARDIANCE)
STEGLUJAN ORAL TABLET	T3	PA; MM; QL; Preferred Alternatives (GLYXAMBI)
STELARA SUBCUTANEOU S SYRINGE	T2	ST; SP; MM; QL; LA
STENDRA ORAL TABLET	T3	BP; MM; QL; Preferred Alternatives (SILDENAFIL CITRATE, TADALAFIL, VARDENAFIL HCL)
STIMUFEND SUBCUTANEOU S SYRINGE	T3	ST; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, 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 (ATOMOXETIN E 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	

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Drug Name	Drug Tier	Requirements/ Limits
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)
<i>strong iodine oral solution</i>	T1	
<i>strong iodine topical solution</i>	T1	
SUBOXONE SUBLINGUAL FILM	T3	BP; MM; Preferred Alternatives (BUPRENORP HINE-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	T2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T3	BP; MM; Preferred Alternatives (NISOLDIPINE)

Drug Name	Drug Tier	Requirements/ Limits
SULCONAZOLE TOPICAL CREAM	T3	QL; Preferred Alternatives (CICLOPIROX, ECONAZOLE NITRATE, KETOCONAZOLE, NAFTIFINE HCL, OXICONAZOLE NITRATE)
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	

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Drug Name	Drug Tier	Requirements/ Limits
SULFACETAMIDE 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	
<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 (SULFACETAMIDE SODIUM-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 (dr/ec)</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfatrim oral suspension</i>	T1	
<i>sulindac oral tablet</i>	T1	MM
SUMADAN TOPICAL CLEANSER	T3	Preferred Alternatives (SULFACETAMIDE SODIUM-SULFUR)
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 (SODIUM SULFACETAMIDE/SULFUR)

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Drug Name	Drug Tier	Requirements/ Limits
SUMAXIN TOPICAL PADS, MEDICATED	T3	BP; Preferred Alternatives (SODIUM SULFACETAMI DE/SULFUR)
SUMAXIN TS TOPICAL SUSPENSION	T3	Preferred Alternatives (SODIUM SULFACETAMI DE/SULFUR)
<i>sunitinib malate oral capsule</i>	T1	ST; SP; MM; QL; LA
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 b-50 complex oral capsule</i>	T1	
<i>super quints oral tablet</i>	T1	MM
SUPREP BOWEL PREP KIT ORAL RECON SOLN	T2	BP
SURE-TEST EASYPLUS MINI METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
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	ST; 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 (HYOSCYAMIN E SULFATE)
<i>symax fastabs oral tablet,disintegratin g</i>	T1	MM
<i>symax-sl sublingual tablet</i>	T1	MM
<i>symax-sr oral tablet extended release 12 hr</i>	T1	MM
SYMBYAX ORAL CAPSULE 6-25 MG	T3	BP; MM; Preferred Alternatives (OLANZAPINE- FLUOXETINE HCL)
SYMDEKO ORAL TABLETS, SEQUENTIAL	T2	PA; SP; MM; QL

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Drug Name	Drug Tier	Requirements/ Limits
SYMFI LO ORAL TABLET	T2	BP; MM
SYMFI ORAL TABLET	T2	BP; MM
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 ACETONIDE)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	T3	Preferred Alternatives (FLUOCINOLONE ACETONIDE)
SYNALAR TOPICAL CREAM	T3	BP; Preferred Alternatives (FLUOCINOLONE ACETONIDE)
SYNALAR TOPICAL OINTMENT	T3	BP; Preferred Alternatives (FLUOCINOLONE ACETONIDE)
SYNALAR TOPICAL SOLUTION	T3	BP; Preferred Alternatives (FLUOCINOLONE ACETONIDE)

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR TS TOPICAL KIT	T3	Preferred Alternatives (FLUOCINOLONE ACETONIDE)
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; MM; Preferred Alternatives (TRIENTINE HCL)
T:FLEX SUBCUTANEOUS CARTRIDGE	T2	MM
T:SLIM X2 BASAL-IQ INSULIN PMP	T3	
T:SLIM X2 CONTROL-IQ	T3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	T2	MM
TABLOID ORAL TABLET	T3	
TABRECTA ORAL TABLET	T2	PA; SP; MM; LA

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Drug Name	Drug Tier	Requirements/ Limits
TACLONEX TOPICAL SUSPENSION	T3	BP; QL; Preferred Alternatives (CALCIPOTRIE NE- BETAMETHAS ONE)
<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	SP; MM; QL; LA
TAFINLAR ORAL TABLET FOR SUSPENSION	T2	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
TAKHZYRO SUBCUTANEOU S SOLUTION	T2	ST; SP; MM; QL
TAKHZYRO SUBCUTANEOU S SYRINGE	T2	ST; SP; MM; QL
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	T2	QL

Drug Name	Drug Tier	Requirements/ Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOU S AUTO- INJECTOR	T2	ST; SP; MM; QL; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOU S AUTO- INJECTOR	T2	ST; SP; MM; QL; LA
TALTZ AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	ST; SP; MM; QL; LA
TALTZ SYRINGE SUBCUTANEOU S SYRINGE	T2	ST; SP; MM; QL; LA
TALZENNA ORAL CAPSULE	T2	PA; SP; QL; LA
TAMIFLU ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (OSELTAMIVIR PHOSPHATE)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; QL; Preferred Alternatives (OSELTAMIVIR PHOSPHATE)
<i>tamoxifen oral tablet</i>	T1	MM
<i>tamsulosin oral capsule</i>	T1	MM
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	T3	MM
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	T3	MM
TANDEM MOBI CARTRIDGE SUBCUTANEOU S CARTRIDGE	T2	MM

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Drug Name	Drug Tier	Requirements/ Limits
TANDEM MOBI SYSTEM	T3	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	T3	MM
<i>tanlor oral tablet</i>	T1	
TAPERDEX ORAL TABLETS,DOSE PACK	T3	ST; Preferred Alternatives (DEXAMETHASONE)
TARCEVA ORAL TABLET 100 MG	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (ERLOTINIB HCL)
TARGADOX ORAL TABLET	T3	BP; Preferred Alternatives (DOXYCYCLINE HYCLATE)
TARGRETIN ORAL CAPSULE	T3	ST; SP; BP; MM; LA; Preferred Alternatives (BEXAROTENE)
TARGRETIN TOPICAL GEL	T3	ST; 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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
TAZORAC TOPICAL CREAM	T3	PA; BP; Preferred Alternatives (TAZAROTENE)
TAZORAC TOPICAL GEL	T3	PA; BP; Preferred Alternatives (TAZAROTENE)
TAZVERIK ORAL TABLET	T3	PA; SP; MM; LA
TDVAX INTRAMUSCULA R SUSPENSION	T2	
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	T3	ST; SP; BP; QL; LA
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG, 240 MG	T3	ST; SP; BP; MM; QL; LA
TEGLUTIK ORAL SUSPENSION	T3	PA; SP; MM; Preferred Alternatives (RILUZOLE)
TEGRETOL ORAL SUSPENSION	T3	BP; MM; Preferred Alternatives (CARBAMAZEP INE)
TEGRETOL ORAL TABLET	T3	BP; MM; Preferred Alternatives (CARBAMAZEP INE)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; MM; Preferred Alternatives (CARBAMAZEP INE ER)

Drug Name	Drug Tier	Requirements/ Limits
TEKTURN ORAL TABLET	T3	BP; MM; Preferred Alternatives (ALISKIREN)
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- hydrochlorothiazid oral tablet</i>	T1	MM
<i>temazepam oral capsule</i>	T1	QL; Preferred Alternatives (LORAZEPAM)
TEMBEXA ORAL SUSPENSION	T3	
TEMBEXA ORAL TABLET	T3	
<i>temozolomide oral capsule</i>	T1	PA; SP; LA

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Drug Name	Drug Tier	Requirements/ Limits
TEMPO SMART BUTTON DEVICE	T3	MM
TEMPO WELCOME KIT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
<i>tencon oral tablet</i>	T1	
TENIVAC (PF) INTRAMUSCULA R SUSPENSION	T2	
TENIVAC (PF) INTRAMUSCULA R SYRINGE	T2	
<i>tenofovir disoproxil fumarate oral tablet</i>	T1	MM
TENORETIC 100 ORAL TABLET	T3	BP; MM; Preferred Alternatives (ATENOLOL W/CHLORTHAL IDONE)
TENORETIC 50 ORAL TABLET	T3	BP; MM; Preferred Alternatives (ATENOLOL W/CHLORTHAL IDONE)
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
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	T1	PA; SP; MM; QL; LA
TERIPARATIDE SUBCUTANEOU S PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	T3	PA; SP; MM; QL; LA; Preferred Alternatives (TERIPARATID E, TYMLOS)
TERSI FOAM TOPICAL FOAM	T3	Preferred Alternatives (SELENIUM SULFIDE)
TEST N'GO BLOOD GLUCOSE SYSTEM	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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	
<i>tetracycline oral tablet</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 100 MG, 50 MG	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</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

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Drug Name	Drug Tier	Requirements/ Limits
<i>thiothixene oral capsule</i>	T1	MM
THRIVITE RX ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE-NATAL 19, WESTAB PLUS)
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
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS	T3	MM

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>timolol maleate oral tablet</i>	T1	MM
<i>timolol ophthalmic (eye) drops</i>	T1	MM
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	T3	MM
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS	T3	MM
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	T3	MM; Preferred Alternatives (TIMOLOL MALEATE, BETAXOLOL HCL, LEVOBUNOLLOL 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

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Drug Name	Drug Tier	Requirements/ Limits
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	T1	PA; SP; MM
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	T1	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 50 MG	T2	MM
TIVICAY PD ORAL TABLET FOR SUSPENSION	T2	MM
<i>tizanidine oral tablet</i>	T1	MM
TLANDO ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (TESTOSTERONE, TESTOSTERONE)
TOBI INHALATION SOLUTION FOR NEBULIZATION	T3	ST; SP; BP; MM; QL; Preferred Alternatives (TOBRAMYCIN SULFATE)

Drug Name	Drug Tier	Requirements/ Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	T2	ST; SP; MM; QL
TOBRADEX OPHTHALMIC (EYE) OINTMENT	T2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION	T2	
<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	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	T3	
TOBREX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (TOBRAMYCIN SULFATE)

Drug Name	Drug Tier	Requirements/ Limits
TOLAK TOPICAL CREAM	T3	Preferred Alternatives (DICLOFENAC SODIUM, FLUOROURACIL, FLUOROURACIL, IMIQUIMOD)
<i>tolcapone oral tablet</i>	T1	PA; MM
TOLECTIN 600 ORAL TABLET	T3	BP; MM
<i>tolmetin oral capsule</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)
TOPICORT TOPICAL CREAM	T3	BP; Preferred Alternatives (DESOXIMETA SONE)
TOPICORT TOPICAL GEL	T3	BP; Preferred Alternatives (DESOXIMETA SONE)
TOPICORT TOPICAL OINTMENT	T3	BP; Preferred Alternatives (DESOXIMETA SONE)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT TOPICAL SPRAY, NON-AEROSOL	T3	BP; Preferred Alternatives (DESOXIMETA SONE)
<i>topiramate oral capsule, sprinkle</i>	T1	MM
<i>topiramate oral capsule, extended release 24hr</i>	T1	MM
<i>topiramate oral capsule, sprinkle, extended release 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>torpenz oral tablet</i>	T1	ST; SP; MM; QL; LA
<i>toremide oral tablet</i>	T1	MM
TOSYMRA NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (SUMATRIPTAN, ZOLMITRIPTAN, ZOMIG)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	T2	MM
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	T2	MM
<i>tovet emollient topical foam</i>	T1	QL

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Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	T3	ST; BP; MM; Preferred Alternatives (FESOTERODI NE FUMARATE ER)
TRACLEER ORAL TABLET	T3	ST; SP; BP; MM; QL; Preferred Alternatives (BOSENTAN)
TRACLEER ORAL TABLET FOR SUSPENSION	T2	PA; ST; 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, 25 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
<i>tramadol oral tablet, er multiphase 24 hr</i>	T1	PA; QL
<i>tramadol- acetaminophen oral tablet</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
<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 (SCOPOLAMIN E)
<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
TRECATOR ORAL TABLET	T3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	MM; QL
TREMFYA PEN SUBCUTANEOU S PEN INJECTOR	T2	ST; SP; MM; LA
TREMFYA SUBCUTANEOU S AUTO- INJECTOR	T2	ST; SP; MM; QL; LA
TREMFYA SUBCUTANEOU S SYRINGE 100 MG/ML	T2	ST; SP; MM; QL; LA
TREMFYA SUBCUTANEOU S SYRINGE 200 MG/2 ML	T2	ST; SP; MM; LA

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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</i>	T1	
<i>tretinoin topical cream</i>	T1	
<i>tretinoin topical gel</i>	T1	
TREXALL ORAL TABLET	T3	MM; Preferred Alternatives (METHOTREXATE)
TREZIX 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

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide topical cream</i>	T1	
<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	QL
TRIBENZOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (OLMESARTAN-AMLODIPINE-HCTZ)
TRICARE ORAL TABLET	T3	MM; Preferred Alternatives (M-NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SENATAL 19, WESTAB PLUS)
<i>tricon oral capsule</i>	T1	
TRICOR ORAL TABLET	T3	BP; MM; Preferred Alternatives (FENOFIBRATE)
<i>triderm topical cream</i>	T1	
<i>trientine oral capsule 250 mg</i>	T1	PA; MM

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Drug Name	Drug Tier	Requirements/ Limits
TRIENTINE ORAL CAPSULE 500 MG	T3	PA; MM; Preferred Alternatives (TRIENTINE HCL)
<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
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX ORAL TABLET	T3	MM; Preferred Alternatives (CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, FLUVOXAMINE MALEATE, PAROXETINE HCL, SERTRALINE HCL, VILAZODONE HCL)
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	PA; SP; MM
<i>tri-sprintec (28) oral tablet</i>	T1	MM
TRISTART DHA ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
TRIUMEQ ORAL TABLET	T2	MM
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	T2	MM
<i>tri-vitamin with fluoride oral drops</i>	T1	MM
<i>trivora (28) oral tablet</i>	T1	MM
<i>tri-vylibra lo oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-vylibra oral tablet</i>	T1	MM
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	BP; MM; Preferred Alternatives (TOPIRAMATE, TOPIRAMATE ER)
<i>tropicamide ophthalmic (eye) drops</i>	T1	
<i>tropium oral capsule, extended release 24hr</i>	T1	MM
<i>tropium oral tablet</i>	T1	MM
TRUE METRIX AIR GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
TRUE METRIX GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

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Drug Name	Drug Tier	Requirements/ Limits
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
TRUE METRIX 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
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK SMART SYSTEM KIT	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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
TRULICITY SUBCUTANEOU S PEN INJECTOR	T2	PA; MM; QL
TRUMENBA INTRAMUSCULA R SYRINGE	T2	
TRUQAP ORAL TABLET	T2	SP; MM; LA
TRUSTEEL INFUSION SET 23" INFUSION SET	T2	MM

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	T2	
TRUVADA ORAL TABLET	T3	BP; MM; Preferred Alternatives (EMTRICITABI NE- TENOFVIR DISOP)
TRYVIO ORAL TABLET	T2	SP; MM
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	MM; QL; Preferred Alternatives (TIOTROPIUM BROMIDE, INCRUSE ELLIPTA, SPIRIVA RESPIMAT)
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
<i>turqoz (28) oral tablet</i>	T1	MM
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	T3	
TWIIST REFILL KT(CSST-NDL- SYR) KIT	T2	MM
TWIIST RFL(INFUS- CSST-NDL-SYR) KIT	T2	MM
TWIIST STARTER KIT KIT	T2	
TWINRIX (PF) INTRAMUSCULA R SYRINGE	T2	

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Drug Name	Drug Tier	Requirements/ Limits
TWIRLA TRANSDERMAL PATCH WEEKLY	T2	MM
TWYNEO TOPICAL CREAM	T3	Preferred Alternatives (ADAPALENE- BENZOYL PEROXIDE, BENZOYL PEROXIDE, CLINDAMYCIN PHOS- TRETINOIN, TRETINOIN)
TYBLUME ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (FALMINA, LESSINA, LEVONORGES TREL-ETH ESTRADIOL, PORTIA, NATAZIA, NEXTSTELLIS, TWIRLA)
TYBOST ORAL TABLET	T3	MM; Preferred Alternatives (RITONAVIR, NORVIR)
<i>tydemy oral tablet</i>	T1	MM
TYENNE AUTOINJECTOR SUBCUTANEOU S PEN INJECTOR	T2	ST; SP; MM; LA
TYENNE SUBCUTANEOU S SYRINGE	T2	ST; SP; MM
TYKERB ORAL TABLET	T3	PA; SP; BP; MM; QL; LA; Preferred Alternatives (LAPATINIB)
TYMLOS SUBCUTANEOU S PEN INJECTOR	T2	PA; SP; MM; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
TYRVAYA NASAL SPRAY, METERED, NON- AEROSOL	T3	MM; Preferred Alternatives (CYCLOSPORI NE, RESTASIS MULTIDOSE, XIIDRA)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T2	PA; ST; SP; MM
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) - 48(28) MCG	T2	PA; ST; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION	T2	PA; ST; SP; MM
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	T2	PA; ST; SP; MM
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	T2	PA; ST; SP
UBRELVY ORAL TABLET	T2	PA; QL
UCERIS ORAL TABLET,DELAYE D AND EXT.RELEASE	T3	BP; Preferred Alternatives (BUDESONIDE ER)
UCERIS RECTAL FOAM	T3	BP; Preferred Alternatives (BUDESONIDE)
UDENYCA AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T3	ST; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, ZIEXTENZO)

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Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SUBCUTANEOUS SYRINGE	T3	ST; SP; QL; Preferred Alternatives (FULPHILA, NEULASTA, ZIEXTENZO)
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
ULTRATRAK GLUCOSE METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE TOPICAL LOTION	T3	Preferred Alternatives (BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, DESOXIMETASONE, DIFLORASONE DIACETATE, FLUOCINONIDE, HALOBETASOL PROPIONATE)
UNDECATREX ORAL CAPSULE	T3	PA; MM; QL; Preferred Alternatives (TESTOSTERONE, TESTOSTERONE)
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>unithroid oral tablet</i>	T1	MM
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	PA
UPTRAVI ORAL TABLET	T2	PA; SP; MM; QL
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 TABS ORAL TABLET	T3	BP
URIMAR-T ORAL CAPSULE	T3	Preferred Alternatives (URO-MP, URO-SP)
<i>urimar-t oral tablet</i>	T1	
URNEVA ORAL CAPSULE	T3	Preferred Alternatives (URO-MP, URO-SP)
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)
<i>urogesic-blue oral tablet</i>	T1	
<i>uro-mp oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
UROQID-ACID NO.2 ORAL TABLET	T3	Preferred Alternatives (METHENAMINE MANDELATE)
<i>uro-sp oral capsule</i>	T1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; MM; Preferred Alternatives (ALFUZOSIN HCL ER)
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	
VAFSEO ORAL TABLET	T3	PA; MM; QL; Preferred Alternatives (ARANESP, PROCRIT)
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

Drug Name	Drug Tier	Requirements/ Limits
<i>valganciclovir oral tablet</i>	T1	MM
VALIUM ORAL TABLET	T3	BP; Preferred Alternatives (DIAZEPAM)
<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-hydrochlorothiazide oral tablet</i>	T1	MM
VALTOCO NASAL SPRAY, NON-AEROSOL	T2	
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	

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Drug Name	Drug Tier	Requirements/ Limits
VANFLYTA ORAL TABLET	T3	PA; SP; MM; QL; LA; Preferred Alternatives (RYDAPT)
VANOS TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (FLUOCINONIDE)
VANOXIDE-HC TOPICAL SUSPENSION	T3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	T2	
VAQTA (PF) INTRAMUSCULAR SYRINGE	T2	
<i>ildenafil oral tablet</i>	T1	MM; QL
<i>ildenafil 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

Drug Name	Drug Tier	Requirements/ Limits
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	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	T2	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	T2	
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	T2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	T2	
VCF CONTRACEPTIVE GEL VAGINAL GEL	T2	
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
VELSIPITY ORAL TABLET	T2	ST; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
VELTASSA ORAL POWDER IN PACKET	T2	MM; QL
VELTIN TOPICAL GEL	T3	BP; Preferred Alternatives (CLINDAMYCIN -BENZOYL PEROXIDE, CLINDAMYCIN PHOS- TRETINOIN, CLINDAMYCIN PHOSPHATE, TRETINOIN)
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

Drug Name	Drug Tier	Requirements/ Limits
VEOZAH ORAL TABLET	T3	MM; Preferred Alternatives (ESTRADIOL, ESTRADIOL, PAROXETINE MESYLATE)
<i>verapamil oral capsule, 24 hr er pellet ct</i>	T1	MM
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	T1	MM
<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 PELLET CT	T3	BP; MM; Preferred Alternatives (VERAPAMIL ER PM)

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Drug Name	Drug Tier	Requirements/ Limits
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	T3	MM; QL; Preferred Alternatives (AZE LASTINE 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	SP; MM; QL; LA
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
VEVYE OPHTHALMIC (EYE) DROPS	T3	MM; QL; Preferred Alternatives (CYCLOSPORI NE, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
VFEND ORAL SUSPENSION FOR RECONSTITUTIO N	T3	PA; BP; Preferred Alternatives (VORICONAZO LE)

Drug Name	Drug Tier	Requirements/ Limits
VFEND ORAL TABLET 50 MG	T3	PA; BP; Preferred Alternatives (VORICONAZO LE)
V-GO 20 DEVICE	T2	MM
V-GO 30 DEVICE	T2	MM
V-GO 40 DEVICE	T2	MM
VIBERZI ORAL TABLET	T2	MM
VICTOZA 2-PAK SUBCUTANEOU S PEN INJECTOR	T2	PA; MM; QL
VICTOZA 3-PAK SUBCUTANEOU S PEN INJECTOR	T2	PA; MM; QL
<i>vienva oral tablet</i>	T1	MM
<i>vigabatrin oral powder in packet</i>	T1	PA; SP; MM
<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
VIGAFYDE ORAL SOLUTION	T3	PA; SP; Preferred Alternatives (VIGABATRIN)
VIGAMOX OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (MOXIFLOXACI N HCL)
<i>vigpoder oral powder in packet</i>	T1	PA; SP; MM
VIIIBRYD ORAL TABLET	T3	BP; MM; Preferred Alternatives (VILAZODONE HCL)
VIJOICE ORAL GRANULES IN PACKET	T2	PA; SP; MM; QL
VIJOICE ORAL TABLET	T2	PA; SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
<i>vilazodone oral tablet</i>	T1	MM
VIMOVO ORAL TABLET,IR,DELA YED REL,BIPHASIC 500-20 MG	T3	BP; MM; Preferred Alternatives (NAPROXEN- ESOMEPRAZO LE 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>viorele (28) oral tablet</i>	T1	MM
VIRACEPT ORAL TABLET	T2	MM
VIREAD ORAL POWDER	T2	MM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	MM
VIREAD ORAL TABLET 300 MG	T3	BP; MM; Preferred Alternatives (TENOFVIR DISOPROXIL FUMARATE)
VISTOGARD ORAL GRANULES IN PACKET	T2	PA; SP; QL
VITAFOL FE PLUS ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANC E PLUS, WESTGEL DHA)

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL GUMMIES ORAL TABLET,CHEWA BLE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANC E PLUS, WESTGEL DHA)
VITAFOL ULTRA ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANC E PLUS, WESTGEL DHA)
VITAFOL-OB ORAL TABLET	T3	MM; Preferred Alternatives (M- NATAL PLUS, PRENATABS RX, PRENATAL PLUS, SE- NATAL 19, WESTAB PLUS)
VITAFOL- OB+DHA ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANC E PLUS, WESTGEL DHA)

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Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-ONE ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
VITAMEDMD ONE RX ORAL CAPSULE	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
<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
VITATRUE ORAL COMBO PACK	T3	MM; Preferred Alternatives (COMPLETE NATAL DHA, PNV-DHA, PRENA1 PEARL, PRENAISSANCE PLUS, WESTGEL DHA)
VITRAKVI ORAL CAPSULE	T2	PA; SP; MM; QL; LA
VITRAKVI ORAL SOLUTION	T2	PA; SP; MM; QL; LA

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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)
VIVAGUARD INO SMART GLUC METER	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX)

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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; SP; Preferred Alternatives (FLUCONAZOL E)
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 (TESTOSTERO NE)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	MM; QL; Preferred Alternatives (TESTOSTERO NE)
VOGELXO TRANSDERMAL GEL IN PACKET	T3	MM; QL; Preferred Alternatives (TESTOSTERO NE)
<i>volnea (28) oral tablet</i>	T1	MM

Drug Name	Drug Tier	Requirements/ Limits
VONJO ORAL CAPSULE	T2	PA; SP; QL; LA
VOQUEZNA DUAL PAK ORAL COMBO PACK	T3	Preferred Alternatives (BISMUTH- METRONIDAZ OLE- TETRACYC, LANSOPRAZO L-AMOXICIL- CLARITHRO, TALICIA)
VOQUEZNA ORAL TABLET	T3	Preferred Alternatives (DEXLANSOPR AZOLE DR, ESOMEPRAZO LE MAGNESIUM, LANSOPRAZO LE, OMEPRAZOLE, PANTOPRAZO LE SODIUM, RABEPRAZOL E SODIUM)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	T3	Preferred Alternatives (BISMUTH- METRONIDAZ OLE- TETRACYC, LANSOPRAZO L-AMOXICIL- CLARITHRO, TALICIA)
VORANIGO ORAL TABLET	T3	PA; SP; MM
<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

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Drug Name	Drug Tier	Requirements/ Limits
VOTRIENT ORAL TABLET	T3	ST; SP; BP; MM; QL; LA; Preferred Alternatives (PAZOPANIB HCL)
VOWST ORAL CAPSULE	T3	SP
VOXZOGO SUBCUTANEOU S RECON SOLN	T3	PA; SP; MM
VOYDEYA ORAL TABLET	T2	PA; SP; MM
VRAYLAR ORAL CAPSULE	T3	MM; Preferred Alternatives (ARIPIRAZOL E, ASENAPINE MALEATE, LURASIDONE HCL, OLANZAPINE, QUETIAPINE FUMARATE, RISPERIDONE, ZIPRASIDONE HCL)
VTAMA TOPICAL CREAM	T3	QL; Preferred Alternatives (BETAMETHAS ONE VALERATE, CALCIPOTRIE NE, CLOBETASOL E, DESOXIMETAS ONE, FLUOCINONID E, MOMETASONE FUROATE, ENSTILAR)
VUITY OPHTHALMIC (EYE) DROPS	T3	MM

Drug Name	Drug Tier	Requirements/ Limits
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	T2	ST; SP; MM; QL; LA
VUSION TOPICAL OINTMENT	T3	QL; Preferred Alternatives (MICONAZOLE NITRATE, CLOTRIMAZOL E, KETOCONAZO LE, NYSTATIN)
VYALEV CONTIN. SUBCUTANEOU S INFUSION SOLUTION	T3	SP; MM
<i>vyfemla (28) oral tablet</i>	T1	MM
VYLEESI SUBCUTANEOU S 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
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)

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Drug Name	Drug Tier	Requirements/ Limits
VYVANSE ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (LISDEXAMFET AMINE DIMESYLATE)
VYVANSE ORAL TABLET, CHEWABLE	T3	BP; MM; Preferred Alternatives (LISDEXAMFET AMINE DIMESYLATE)
VYZULTA OPHTHALMIC (EYE) DROPS	T3	MM; Preferred Alternatives (BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST)
WAINUA SUBCUTANEOUS AUTO-INJECTOR	T3	PA; SP; MM
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 FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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)

Drug Name	Drug Tier	Requirements/ Limits
WAVESENSE PRESTO	T3	MM; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, 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	T2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	T2	PA; MM; QL
WELCHOL ORAL POWDER IN PACKET	T3	BP; MM; Preferred Alternatives (COLESEVELA M HCL)

Drug Name	Drug Tier	Requirements/ Limits
WELCHOL ORAL TABLET	T3	BP; MM; Preferred Alternatives (COLESEVELA M 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>wesnata 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

Drug Name	Drug Tier	Requirements/ Limits
WINLEVI TOPICAL CREAM	T3	PA; Preferred Alternatives (AZELAIC ACID, CLINDAMYCIN PHOSPHATE, CLINDAMYCIN-BENZOYL PEROXIDE, CLINDAMYCIN PHOS-TRETINOIN, DAPSONE, ERYTHROMYCIN, TRETINOIN)
WINREVAIR SUBCUTANEOUS KIT	T2	ST; SP; MM
<i>wintergreen oil oil</i>	T1	
<i>wixela inhub inhalation blister with device</i>	T1	MM; QL
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)</i>	T1	
<i>wymzya fe oral tablet,chewable</i>	T1	MM
WYNZORA TOPICAL CREAM	T3	QL; Preferred Alternatives (BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, DIFLORASONE DIACETATE, CALCIPOTRIENE, CALCIPOTRIENE-BETAMETHASONE, ENSTILAR)
XACIATO VAGINAL GEL	T2	

Drug Name	Drug Tier	Requirements/ Limits
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
XALKORI ORAL PELLET	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 RECONSTITUTION	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	T3	MM; Preferred Alternatives (GABAPENTIN, LACOSAMIDE, LAMOTRIGINE, LEVETIRACET AM, OXCARBAZEPI NE, TOPIRAMATE, ZONISAMIDE)
XCOPRI ORAL TABLET	T3	MM; Preferred Alternatives (GABAPENTIN, LACOSAMIDE, LAMOTRIGINE, LEVETIRACET AM, OXCARBAZEPI NE, TOPIRAMATE, ZONISAMIDE)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (GABAPENTIN, LACOSAMIDE, LAMOTRIGINE, LEVETIRACET AM, OXCARBAZEPI NE, TOPIRAMATE, ZONISAMIDE)
XDEMZY OPHTHALMIC (EYE) DROPS	T2	SP; QL
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 (CAPECITABIN E)

Drug Name	Drug Tier	Requirements/ Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	T3	MM; Preferred Alternatives (BIMATOPROS T, LATANOPROS T, TAFLUPROST, TRAVOPROST)
XELSTRYM TRANSDERMAL PATCH 24 HOUR	T3	MM; Preferred Alternatives (DEXTROAMP HETAMINE SULFATE ER, DEXTROAMPH ETAMINE- AMPHET ER, LISDEXAMFET AMINE DIMESYLATE, DYANAVEL XR)
XEMBIFY SUBCUTANEOU S SOLUTION	T2	PA; SP; MM
XENAZINE ORAL TABLET	T3	ST; SP; BP; MM; Preferred Alternatives (TETRABENAZI NE)
XENICAL ORAL CAPSULE	T3	MM; QL; Preferred Alternatives (ALLI)
XENLETA ORAL TABLET	T3	Preferred Alternatives (AZITHROMYCI N, CLARITHROMY CIN, DOXYCYCLINE HYCLATE, MOXIFLOXACI N HCL, LEVOFLOXACI N, AMOXICILLIN- CLAVULANATE POTASS, CEFDINIR)

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Drug Name	Drug Tier	Requirements/ Limits
XEPI TOPICAL CREAM	T3	QL; Preferred Alternatives (MUPIROCIN, MUPIROCIN)
XERESE TOPICAL CREAM	T3	Preferred Alternatives (ACYCLOVIR, ACYCLOVIR, FAMCICLOVIR, PENCICLOVIR, VALACYCLOVIR)
XERMELO ORAL TABLET	T2	PA; SP; QL; LA
XHANCE NASAL AEROSOL BREATH ACTIVATED	T2	MM; QL
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, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (MINOCYCLINE HCL ER)
XOFLUZA ORAL TABLET 40 MG, 80 MG	T3	QL; Preferred Alternatives (OSELTAMIVIR PHOSPHATE)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; MM; QL
XOLAIR SUBCUTANEOUS SYRINGE	T2	PA; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
XOLEGEL TOPICAL GEL	T3	QL; Preferred Alternatives (CICLOPIROX, ECONAZOLE NITRATE, KETOCONAZOLE, NAFTIFINE HCL, OXICONAZOLE NITRATE)
XOLREMDI ORAL CAPSULE	T3	PA; SP; MM
XOPENEX HFA INHALATION HFA AEROSOL INHALER	T3	MM; QL; Preferred Alternatives (ALBUTEROL SULFATE HFA, VENTOLIN HFA)
XOSPATA ORAL TABLET	T2	PA; SP; MM; QL; LA
XPHOZAH ORAL TABLET	T3	PA; SP; MM; QL; Preferred Alternatives (CALCIUM ACETATE, LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL, VELPHORO)
XPOVIO ORAL TABLET	T3	PA; SP; MM; LA; Preferred Alternatives (BORTEZOMIB, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)

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Drug Name	Drug Tier	Requirements/ Limits
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 SUBCUTANEOUS INSULIN PEN	T3	MM; QL; Preferred Alternatives (SOLIQUA 100- 33)
XURIDEN ORAL GRANULES IN PACKET	T2	PA; SP; MM
XYNTHA INTRAVENOUS SOLUTION	T2	ST; SP; MM; LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	T2	ST; SP; MM; LA
XYOSTED SUBCUTANEOUS AUTO- INJECTOR	T2	MM; QL
XYREM ORAL SOLUTION	T2	PA; SP; MM
XYWAV ORAL SOLUTION	T2	PA; SP; MM

Drug Name	Drug Tier	Requirements/ Limits
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, JASMIEL, LORYNA, LO- ZUMANDIMINE, NIKKI, VESTURA)
YONSA ORAL TABLET	T2	PA; SP; MM; QL; LA
YORVIPATH SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; MM
YOSPRALA ORAL TABLET,IR,DELA YED REL,BIPHASIC	T3	ST; MM; Preferred Alternatives (ASPIRIN, OMEPRazole, DEXLANSOPRAZOLE DR, ESOMEPRazole LE MAGNESIUM, LANSOPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM)

Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR)

Drug Name	Drug Tier	Requirements/ Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	T2	MM; QL
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR	T3	ST; SP; MM; QL; LA; Preferred Alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR)
<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)
<i>zarah oral tablet</i>	T1	MM
ZARONTIN ORAL CAPSULE	T3	BP; MM; Preferred Alternatives (ETHOSUXIMIDE)

Drug Name	Drug Tier	Requirements/ Limits
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 (ELETRIPTAN HBR, NARATRIPTAN HCL, RIZATRIPTAN, SUMATRIPTAN SUCCINATE, NURTEC ODT, UBRELVY)
ZCORT ORAL TABLETS, DOSE PACK	T3	ST; Preferred Alternatives (DEXAMETHASONE)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T3	QL; Preferred Alternatives (GLUCAGON EMERGENCY KIT, BAQSIMI, GVOKE)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	T3	QL; Preferred Alternatives (GLUCAGON EMERGENCY KIT, BAQSIMI, GVOKE)

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 TABLET	T2	PA; SP; MM; QL; LA
ZELAPAR ORAL TABLET, DISINTEGRATING	T3	MM; Preferred Alternatives (RASAGILINE MESYLATE, SELEGILINE HCL)
ZELBORAF ORAL TABLET	T2	SP; MM; QL; LA

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Drug Name	Drug Tier	Requirements/ Limits
ZEMBRACE SYMTOUCH SUBCUTANEOU S PEN INJECTOR	T3	QL; Preferred Alternatives (SUMATRIPTA N SUCCINATE)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	BP; MM; Preferred Alternatives (PARICALCITO L)
<i>zenatane oral capsule</i>	T1	
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	T2	MM
<i>zenzedi oral tablet 10 mg, 5 mg</i>	T1	MM
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	T3	BP; MM; Preferred Alternatives (DEXTROAMP HETAMINE SULFATE)
ZENZEDI ORAL TABLET 2.5 MG	T3	MM; Preferred Alternatives (DEXTROAMP HETAMINE SULFATE)
ZEPATIER ORAL TABLET	T2	ST; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ZEPBOUND SUBCUTANEOU S PEN INJECTOR 10 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML	T2	PA; MM; QL
ZEPBOUND SUBCUTANEOU S PEN INJECTOR 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 7.5 MG/0.5 ML	T2	PA; QL
ZEPBOUND SUBCUTANEOU S SOLUTION 5 MG/0.5 ML	T2	PA; MM; QL
ZEPOSIA ORAL CAPSULE	T2	ST; SP; MM; QL; LA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	T2	ST; SP; QL; 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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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
ZILBRYSQ SUBCUTANEOUS SYRINGE	T3	SP; MM; Preferred Alternatives (SOLIRIS)
<i>zileuton oral tablet, er multiphase 12 hr</i>	T1	ST; MM
ZILXI TOPICAL FOAM	T3	Preferred Alternatives (AZELAIC ACID, IVERMECTIN, METRONIDAZOLE, ROSULA, FINACEA)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
ZITUVIMET ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN-METFORMIN ER, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR	T3	MM; Preferred Alternatives (SAXAGLIPTIN-METFORMIN ER, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
ZITUVIO ORAL TABLET	T3	MM; QL; Preferred Alternatives (SAXAGLIPTIN HCL, JANUVIA, TRADJENTA)
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
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	T3	QL; Preferred Alternatives (SUMATRIPTAN, ZOLMITRIPTAN, ZOMIG)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan oral tablet</i>	T1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	T1	QL
ZOLOFT ORAL TABLET	T3	BP; MM; Preferred Alternatives (SERTRALINE HCL)
ZOLPIDEM ORAL CAPSULE	T3	QL; Preferred Alternatives (ESZOPICLONE, ZALEPLON, ZOLPIDEM TARTRATE)
<i>zolpidem oral tablet</i>	T1	QL
<i>zolpidem oral tablet, extended release multiphase</i>	T1	QL
<i>zolpidem sublingual tablet</i>	T1	QL
ZOMACTON SUBCUTANEOUS RECON SOLN	T3	ST; SP; MM; LA; Preferred Alternatives (GENOTROPIN, OMNITROPE)
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 (PRUDOXIN)

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Drug Name	Drug Tier	Requirements/ Limits
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
ZONTIVITY ORAL TABLET	T3	MM; Preferred Alternatives (CLOPIDOGRE L, ASPIRIN)
ZORTRESS ORAL TABLET	T3	BP; MM; LA; Preferred Alternatives (EVEROLIMUS)
ZORYVE TOPICAL CREAM 0.15 %	T2	QL; Preferred Alternatives (BETAMETHAS ONE VALERATE, CALCIPOTRIE NE, CLOBETASOL E, DESOXIMETAS ONE, FLUOCINONID E, MOMETASONE FUROATE, ENSTILAR)
ZORYVE TOPICAL CREAM 0.3 %	T3	QL; Preferred Alternatives (BETAMETHAS ONE VALERATE, CALCIPOTRIE NE, CLOBETASOL E, DESOXIMETAS ONE, FLUOCINONID E, MOMETASONE FUROATE, ENSTILAR)

Drug Name	Drug Tier	Requirements/ Limits
ZORYVE TOPICAL FOAM	T3	QL; Preferred Alternatives (BETAMETHAS ONE VALERATE, CALCIPOTRIE NE, CLOBETASOL E, DESOXIMETAS ONE, FLUOCINONID E, 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, MEDICAT ED	T2	
ZUBSOLV SUBLINGUAL TABLET	T2	MM
<i>zumandimine (28) oral tablet</i>	T1	MM
ZURZUVAE ORAL CAPSULE	T2	PA; SP
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 2.5 %	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
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, MONTELUKAS T SODIUM, ZAFIRLUKAST)
ZYKADIA ORAL TABLET	T2	PA; SP; MM; QL; LA
ZYLET OPHTHALMIC (EYE) DROPS,SUSPEN SION	T2	
ZYLOPRIM ORAL TABLET 100 MG	T3	BP; MM; Preferred Alternatives (ALLOPURINOL)
ZYMFENTRA SUBCUTANEOU S PEN INJECTOR KIT	T2	ST; SP; MM; QL
ZYMFENTRA SUBCUTANEOU S SYRINGE KIT	T2	ST; SP; MM; QL

Drug Name	Drug Tier	Requirements/ Limits
ZYPITAMAG ORAL TABLET	T3	MM; QL; Preferred Alternatives (ATORVASTATI N CALCIUM, FLUVASTATIN ER, LOVASTATIN, PITAVASTATIN CALCIUM, PRAVASTATIN SODIUM, ROSUVASTATI N CALCIUM, SIMVASTATIN)
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 (ABIRATERON E ACETATE)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTIO N	T3	BP; Preferred Alternatives (LINEZOLID)
ZYVOX ORAL TABLET	T3	BP; Preferred Alternatives (LINEZOLID)