



County Care Health Plan Medicaid Formulary

The Formulary is up to date through its effective date of July 1, 2023.

Please notify County Care Health Plan at:

CountyCarePharmacy@cookcountyhhs.org

or 1-888-402-1982 with any mistakes in the formulary.

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INTRODUCTION

We are pleased to provide the County Care Health Plan Medicaid Formulary as a useful reference and information tool. This document can help medical providers and members understand which drugs are covered. The Formulary can be found on our website at www.countycare.com. Also located on the website is a Preferred Drug List Search Tool, which can be utilized to look-up drug information including formulary status and utilization management tools applied to the drug.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review. The information contained in this document and its appendices are provided solely for the convenience of understanding which drugs are covered. We do not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic class primarily defined by mechanism of action. Products are listed by generic name and brand name. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

FORMULARY (PHARMACEUTICAL) MANAGEMENT PROCEDURES

The Health Plan Pharmacy Department annually and after updates, communicates changes to members, prescribing practitioners, and pharmacies. Updates include lists of pharmaceutical restrictions and preferences, as well as explanations of limits and quotas.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand name product. In most instances, a brand name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness and are manufactured under the same strict standards that apply to brand name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand name drug (bioequivalence). Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand name drug.
- Manufactured in the same strength and dosage form as the brand name drugs.

When a generic drug is substituted for a brand name drug, you can expect the generic to produce the same clinical effect and safety profile as the

brand name drug (therapeutic equivalence).

AGE LIMIT (AL)

Age limits are used to make certain that medications are used according to the FDA’s recommendation for the use of the medication dependent on the age of the patient.

BRAND MEDICATION (CAPITALIZED LETTERS)

A drug sold by a drug company under a specific name or trademark and is protected by a patent.

GENERIC MEDICATION (*lower case italicized letters*)

A generic drug is a medication created to be the same as an already marketed brand- name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Generally, generic medications often cost less. You may be required to use a generic version of a drug if one is available.

OVER THE COUNTER MEDICATIONS (OTC)

Over-the-Counter medications can be purchased without a prescription. CountyCare covers over-the-counter medications on our Formulary at no cost to you. You will need a prescription from your provider to have the over-the counter medication covered.

PRIOR AUTHORIZATION (PA)

Requires the approval of certain medications to ensure appropriateness, based on clinical evidence. This additional step guarantees that the prescription is medically necessary when a clinically effective less expensive option is available. The PA will be approved if the patient’s condition meets the necessary requirements.

QUANTITY LIMIT (QL)

Quantity limits are designed to limit the use of selected drugs for quality and safety reasons. The quantity limit for FDA supports each drug recommended dosing guidelines. An exception request is required to exceed quantity limits.

SPECIALTY DRUG (SP)

Specialty drugs are often high-cost and/or require special handling to treat complex conditions.

STEP THERAPY (ST)

Step Therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line for safety and cost effectiveness, then progressing to other drugs that may have more side effects or are more costly.

SPECIALTY PLAN DESIGN

Specialty Pharmacy Management is our utilization program that helps ensure appropriate utilization of specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. Specialty Pharmacy Management is designed to help ensure safety and efficacy while preventing off-guideline utilization.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented at no cost to you. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior authorization, Quantity Limits, etc.); requests for use of such medication outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Additional information and directions can be found on our website at www.countycare.com. Medical necessity or formulary exception requests will be reviewed based on drug specific prior authorization criteria or standard non-formulary prescription request criteria.

LEGEND

Term	Definition
AL	Age Limit
BRAND DRUGS	Listed in CAPITALIZED LETTERS
GENERIC DRUGS	Listed in lower case italicized letters
OTC	Over the Counter Medication
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023. All rights reserved. This document contains references to brand name prescriptions that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Drug Name Drug Tier Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	Preferred	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
DYANAVEL XR SUER 2.5mg/ml	Preferred-PA	PA, QL (8 mL every 1 day); AGE (Min 6, Max 18)
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Preferred	AGE (Min 6, Max 18)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>clonidine hcl (adhd) (generic of KAPVAY) TB12 .1mg</i>	Preferred	QL (4 tabs every 1 day); AGE (Min 6, Max 18)
<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg</i>	Preferred	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAPS 10mg, 18mg, 25mg	Preferred	QL (4 caps every 1 day); AGE (Min 6, Max 18)
STRATTERA CAPS 40mg	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
STRATTERA CAPS 60mg, 80mg, 100mg	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)

STIMULANTS - MISC.

CONCERTA TBCR 18mg, 27mg, 36mg	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
CONCERTA TBCR 54mg	Preferred	QL (1 tab every 1 day); AGE (Min 6, Max 18)
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	Preferred-PA	PA, QL (1 patch every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg	Preferred	QL (4 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
JORNAY PM CP24 20mg, 40mg	Preferred-PA	PA, QL (2 caps every 1 day); AGE (Min 6, Max 18)
JORNAY PM CP24 60mg, 80mg, 100mg	Preferred-PA	PA, QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg	Preferred	QL (6 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg	Preferred	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tbc</i> 10mg, 20mg	Preferred	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	Preferred	QL (2 tabs every 1 day); AGE (Min 17)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - G'S

<i>ginger (zingiber officinalis)</i> caps 250mg	Preferred	OTC
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ALTERNATIVE MEDICINE - M'S

<i>melatonin</i> tabs 3mg	Preferred	OTC
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Drug Name	Drug Tier	Requirements/Limits
ALTERNATIVE MEDICINE COMBINATIONS		
<i>melatonin-pyridoxine tab 3-1 mg</i>	Preferred	OTC
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
KITABIS PAK NEBU 300mg/5ml	Preferred	SP
<i>neomycin sulfate tabs 500mg</i>	Preferred	
<i>paromomycin sulfate caps 250mg</i>	Preferred	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	Preferred- PA	PA
HUMIRA PEDIA INJ CROHNS	Preferred- PA	PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Preferred- PA	PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred- PA	PA
HUMIRA PEN KIT PS/UV	Preferred- PA	PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Preferred- PA	PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Preferred- PA	PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Preferred- PA	PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	Preferred- PA	PA
XELJANZ XR TB24 11mg, 22mg	Preferred- PA	PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ADVIL CAPS 200mg; TABS 200mg	Preferred	OTC
ADVIL MIGRAINE CAPS 200mg	Preferred	OTC
ALEVE CAPS 220mg; TABS 220mg	Preferred	OTC
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	Preferred	
<i>diclofenac potassium tabs 25mg</i>	Preferred	QL (8 tabs every 1 day)
<i>diclofenac potassium tabs 50mg</i>	Preferred	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	Preferred	
<i>etodolac caps 200mg, 300mg; tabs 500mg; tb24 400mg, 500mg, 600mg</i>	Preferred	
<i>etodolac</i> (generic of LODINE) TABS 400mg	Preferred	
<i>flurbiprofen tabs 100mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen caps 200mg; chew 100mg; susp 40mg/ml, 50mg/1.25ml; tabs 200mg</i>	Preferred	OTC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	Preferred	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	Preferred	
INFANTS ADVIL SUSP 50mg/1.25ml	Preferred	OTC
<i>ketorolac tromethamine tabs 10mg</i>	Preferred	QL (4 tabs every 1 day)
<i>meloxicam tabs 7.5mg, 15mg</i>	Preferred	
<i>nabumetone tabs 500mg, 750mg</i>	Preferred	
<i>naproxen (generic of NAPROSYN) SUSP 125mg/5ml; TABS 500mg</i>	Preferred	
<i>naproxen tabs 250mg, 375mg</i>	Preferred	
<i>naproxen (generic of EC-NAPROSYN) TBEC 375mg, 500mg</i>	Preferred	
<i>naproxen sodium caps 220mg; tabs 220mg</i>	Preferred	OTC
<i>naproxen sodium tabs 275mg</i>	Preferred	
<i>naproxen sodium (generic of ANAPROX DS) TABS 550mg</i>	Preferred	
<i>sulindac tabs 150mg, 200mg</i>	Preferred	

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide (generic of ARAVA) TABS 10mg, 20mg</i>	Preferred	
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SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	Preferred- PA	PA
ENBREL MINI SOCT 50mg/ml	Preferred- PA	PA
ENBREL SURECLICK SOAJ 50mg/ml	Preferred- PA	PA

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-300 mg</i>	Preferred	QL (6 tabs every 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Preferred	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)</i>	Preferred	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Preferred	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	Preferred	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS OTHER		
<i>acetaminophen caps 500mg; chew 80mg, 160mg; liqd 160mg/5ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg, 650mg; susp 160mg/5ml; tabs 325mg, 500mg; tbdp 80mg</i>	Preferred	OTC
FEVERALL JUNIOR STRENGTH SUPP 325mg	Preferred	OTC
TYLENOL TABS 325mg	Preferred	OTC
TYLENOL CHILDRENS SUSP 160mg/5ml	Preferred	OTC
TYLENOL CHILDRENS CHEWABL CHEW 160mg	Preferred	OTC
TYLENOL EXTRA STRENGTH TABS 500mg	Preferred	OTC
TYLENOL FOR CHILDREN/ADUL SUSP 160mg/5ml	Preferred	OTC
TYLENOL INFANTS PAIN+FEVE SUSP 160mg/5ml	Preferred	OTC
SALICYLATES		
<i>aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg</i>	Preferred	OTC
ASPIRIN SUPP 300mg	Preferred	OTC
<i>aspirin tbec 81mg, 325mg</i>	Preferred	OTC
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Preferred	OTC
BUFFERIN TAB 325MG	Preferred	OTC
<i>diflunisal tabs 500mg</i>	Preferred	
ECOTRIN TBEC 325mg	Preferred	OTC
<i>salsalate tabs 500mg, 750mg</i>	Preferred	
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
CODEINE SULFATE TABS 15mg	Preferred	QL (12 tabs every 1 day); AGE (Min 18)
<i>codeine sulfate tabs 30mg</i>	Preferred	QL (12 tabs every 1 day); AGE (Min 18)
CODEINE SULFATE TABS 60mg	Preferred	QL (6 tabs every 1 day); AGE (Min 18)
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml; TABS 2mg, 4mg, 8mg</i>	Preferred	
HYDROMORPHONE HCL SUPP 3mg	Preferred	
<i>morphine sulfate soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	Preferred	
<i>morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg</i>	Preferred-PA	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred	
<i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg</i>	Preferred	
<i>tramadol hcl tabs 50mg</i>	Preferred	QL (8 tabs every 1 day); AGE (Min 18)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred	QL (150 mL every 1 day); AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred	QL (12 tabs every 1 day); AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred	QL (12 tabs every 1 day); AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred	QL (6 tabs every 1 day); AGE (Min 18)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Preferred	QL (6 caps every 1 day); AGE (Min 18)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred	QL (184 mL every 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	Preferred	QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred	QL (12 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred	QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred	QL (12 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred	QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred	QL (12 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Preferred	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Preferred	
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Preferred	
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Preferred	QL (61 mL every 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i>	Preferred	QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	Preferred	QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	Preferred	QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	Preferred	QL (12 tabs every 1 day)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl subl 2mg, 8mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Preferred	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	Preferred	
SUBOXONE MIS 2-0.5MG	Preferred	
SUBOXONE MIS 4-1MG	Preferred	
SUBOXONE MIS 8-2MG	Preferred	
SUBOXONE MIS 12-3MG	Preferred	
ZUBSOLV SUB 0.7-0.18	Preferred	
ZUBSOLV SUB 1.4-0.36	Preferred	
ZUBSOLV SUB 2.9-0.71	Preferred	
ZUBSOLV SUB 5.7-1.4	Preferred	
ZUBSOLV SUB 8.6-2.1	Preferred	
ZUBSOLV SUB 11.4-2.9	Preferred	

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Preferred	
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RECTAL COMBINATIONS

<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Preferred	OTC
<i>phenylephrine-mineral oil-petrolatum oint 0.25-14-74.9%</i>	Preferred	OTC
<i>phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%</i>	Preferred	OTC
PREPARATION OIN H	Preferred	OTC

RECTAL LOCAL ANESTHETICS

<i>dibucaine (rectal) oint 1%</i>	Preferred	OTC
NUPERCAINAL OINT 1%	Preferred	OTC
<i>pramoxine hcl (rectal) foam 1%</i>	Preferred	OTC
PROCTOFOAM FOAM 1%	Preferred	OTC

RECTAL STEROIDS

<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Preferred	
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Preferred	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Preferred	OTC
GELUSIL CHW	Preferred	OTC
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE SUSP 320mg/5ml	Preferred	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate (antacid) tabs 325mg, 650mg</i>	Preferred	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew 500mg; susp 1250mg/5ml</i>	Preferred	OTC
TUMS CHEW 500mg	Preferred	OTC
TUMS LASTING EFFECTS CHEW 500mg	Preferred	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tabs 400mg</i>	Preferred	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Preferred	
<i>pyrantel pamoate susp 144mg/ml</i>	Preferred	OTC
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole tabs 250mg, 500mg</i>	Preferred	
NEBUPENT SOLR 300mg	Preferred	
<i>pentamidine isethionate</i> (generic of NEBUPENT) SOLR 300mg	Preferred	
<i>trimethoprim tabs 100mg</i>	Preferred	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Preferred	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	Preferred	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	Preferred	

Drug Name	Drug Tier	Requirements/Limits
GLYCOPEPTIDES		
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg	Preferred	QL (80 caps every 135 days)
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg	Preferred	QL (160 caps every 135 days)
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 50mg/ml, 250mg/5ml	Preferred	QL (1800 mL every 135 days)
LEPROSTATICS		
<i>dapsone tabs</i> 25mg, 100mg	Preferred	
LINCOSAMIDES		
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Preferred	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	Preferred	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine</i> (generic of MONUROL) PACK 3gm	Preferred	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Preferred	
<i>methenamine mandelate tabs</i> .5gm, 1gm	Preferred	
MONUROL PACK 5.631gm	Preferred	
<i>nitrofurantoin susp</i> 25mg/5ml	Preferred	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg	Preferred	QL (4 caps every 1 day)
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Preferred	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	Preferred	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg, 40mg	Preferred	
<i>isosorbide dinitrate tabs</i> 10mg, 20mg, 30mg	Preferred	
<i>isosorbide mononitrate tabs</i> 10mg, 20mg; tb24 30mg, 60mg, 120mg	Preferred	
NITRO-BID OINT 2%	Preferred	
<i>nitroglycerin pt24</i> .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Preferred	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
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ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	Preferred
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	Preferred
<i>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg</i>	Preferred
<i>hydroxyzine pamoate caps 100mg</i>	Preferred

BENZODIAZEPINES

<i>alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg</i>	Preferred
<i>ALPRAZOLAM INTENSOL CONC 1mg/ml</i>	Preferred
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	Preferred
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Preferred
<i>diazepam conc 5mg/ml; soln 5mg/5ml</i>	Preferred
<i>diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg</i>	Preferred
<i>lorazepam conc 2mg/ml</i>	Preferred
<i>lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg</i>	Preferred
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Preferred

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg</i>	Preferred
<i>NORPACE CR CP12 100mg, 150mg</i>	Preferred
<i>quinidine gluconate tbc 324mg</i>	Preferred
<i>quinidine sulfate tabs 200mg, 300mg</i>	Preferred

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	Preferred
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	Preferred
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	Preferred

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	Preferred
<i>dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg</i>	Preferred

Drug Name Drug Tier Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT
ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

cromolyn sodium nebu 20mg/2ml Preferred

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA SOSY 30mg/ml Preferred- SP, PA
PA

FASENRA PEN SOAJ 30mg/ml Preferred- SP, PA
PA

NUCALA SOAJ 100mg/ml; SOLR 100mg; Preferred- SP, PA
SOSY 40mg/0.4ml, 100mg/ml PA

XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, Preferred- SP, PA
150mg/ml PA

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act Preferred QL (26 gm every 30
days)

INCRUSE ELLIPTA AEPB 62.5mcg/inh Preferred QL (1 blister every 1
day)

ipratropium bromide soln .02% Preferred

SPIRIVA HANDIHALER CAPS 18mcg Preferred QL (1 cap every 1 day)

SPIRIVA RESPIMAT AERS 1.25mcg/act Preferred QL (4 gm every 30
days); AGE (Min 6, Max 17)

SPIRIVA RESPIMAT AERS 2.5mcg/act Preferred QL (4 gm every 30
days)

LEUKOTRIENE MODULATORS

montelukast sodium (generic of Preferred
SINGULAIR) CHEW 4mg, 5mg; PACK
4mg; TABS 10mg

zafirlukast (generic of ACCOLATE) TABS Preferred
10mg, 20mg

STEROID INHALANTS

ASMANEX TWISTHALER 14 MET AEPB Preferred QL (1 inhalers every 30
220mcg/inh days)

ASMANEX TWISTHALER 30 MET AEPB Preferred QL (1 inhalers every 30
110mcg/inh, 220mcg/inh days)

ASMANEX TWISTHALER 60 MET AEPB Preferred QL (1 inhalers every 30
220mcg/inh days)

ASMANEX TWISTHALER 120 ME AEPB Preferred QL (1 inhalers every 30
220mcg/inh days)

budesonide (inhalation) (generic of Preferred QL (2 mL every 1 day);
PULMICORT) SUSP 1mg/2ml AGE (Max 7)

budesonide (inhalation) (generic of Preferred QL (4 mL every 1 day);
PULMICORT) SUSP .25mg/2ml, .5mg/2ml AGE (Max 7)

FLOVENT DISKUS AEPB 50mcg/blist Preferred QL (6 inhalations every
1 day)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	Preferred	QL (8 inhalations every 1 day)
FLOVENT HFA AERO 44mcg/act	Preferred	QL (21 gm every 30 days)
FLOVENT HFA AERO 110mcg/act	Preferred	QL (12 gm every 30 days)
FLOVENT HFA AERO 220mcg/act	Preferred	QL (24 gm every 30 days)

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 250/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 500/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR HFA AER 45/21	Preferred	QL (12 gm every 30 days)
ADVAIR HFA AER 115/21	Preferred	QL (12 gm every 30 days)
ADVAIR HFA AER 230/21	Preferred	QL (12 gm every 30 days)
AIRDUO DGHLR INH 55-14	Preferred	QL (1 inhalers every 30 days)
AIRDUO DGHLR INH 113-14	Preferred	QL (1 inhalers every 30 days)
AIRDUO DGHLR INH 232-14	Preferred	QL (1 inhalers every 30 days)
AIRDUO RESPI INH 55-14	Preferred	QL (1 inhalers every 30 days)
AIRDUO RESPI INH 113-14	Preferred	QL (1 inhalers every 30 days)
AIRDUO RESPI INH 232-14	Preferred	QL (1 inhalers every 30 days)
<i>albuterol sulfate aers 108mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
<i>albuterol sulfate (generic of PROVENTIL HFA) AERS 108mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml</i>	Preferred	
ANORO ELLIPT AER 62.5-25	Preferred	QL (2 blisters every 1 day)
DULERA AER 50-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 100-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 200-5MCG	Preferred	QL (13 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	Preferred	
<i>levalbuterol tartrate aero 45mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
PROVENTIL HFA AERS 108mcg/act	Preferred	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	Preferred	QL (2 inhalations every 1 day)
SYMBICORT AER 80-4.5	Preferred	QL (31 gm every 30 days)
SYMBICORT AER 160-4.5	Preferred	QL (31 gm every 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	Preferred	
VENTOLIN HFA AERS 108mcg/act	Preferred	QL (2 inhalers every 30 days)
XOPENEX HFA AERO 45mcg/act	Preferred	QL (2 inhalers every 30 days)

XANTHINES

THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Preferred	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	Preferred	

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Preferred	
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5mg	Preferred-PA	PA, QL (2 tabs every 1 day)
ELIQUIS TABS 5mg	Preferred-PA	PA, QL (74 tabs every 30 days)
ELIQUIS STARTER PACK TBPK 5mg	Preferred-PA	PA, QL (74 tabs every 30 days)
XARELTO TABS 2.5mg, 15mg	Preferred-PA	QL (2 tabs every 1 day)
XARELTO TABS 10mg, 20mg	Preferred-PA	QL (1 tab every 1 day)
XARELTO STAR TAB 15/20MG	Preferred-PA	QL (51 tabs every 30 days)

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml</i>	Preferred	QL (30 mL every 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Preferred	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Preferred	QL (15 mL every 30 days)
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml	Preferred	QL (12 mL every 30 days)
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 7.5mg/0.6ml	Preferred	QL (18 mL every 30 days)
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 10mg/0.8ml	Preferred	QL (24 mL every 30 days)
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml	Preferred	
FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml	Preferred	QL (12 mL every 30 days)
FRAGMIN SOSY 7500unit/0.3ml	Preferred	QL (18 mL every 30 days)
FRAGMIN SOSY 10000unit/ml, 12500unit/0.5ml	Preferred	QL (2 syringes every 1 day)
FRAGMIN SOSY 15000unit/0.6ml	Preferred	QL (36 mL every 30 days)
FRAGMIN SOSY 18000unt/0.72ml	Preferred	QL (43 mL every 30 days)
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	Preferred	
<i>heparin sodium (porcine) soln</i> 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Preferred	

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	Preferred	
DIASTAT ACUDIAL GEL 10mg, 20mg	Preferred	
DIASTAT PEDIATRIC GEL 2.5mg	Preferred	
<i>diazepam (anticonvulsant) gel</i> 2.5mg	Preferred	
<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	Preferred	

ANTICONVULSANTS - MISC.

<i>carbamazepine chew</i> 100mg	Preferred	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	Preferred	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	Preferred	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Preferred	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Preferred	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Preferred	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	Preferred	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Preferred	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	Preferred	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Preferred	
<i>primidone tabs 125mg</i>	Preferred	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Preferred	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Preferred	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Preferred	
<i>zonisamide caps 50mg</i>	Preferred	
CARBAMATES		
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	Preferred	
XCOPRI PAK 12.5-25	Preferred	
XCOPRI PAK 50-100MG	Preferred	
XCOPRI PAK 100-150	Preferred	
XCOPRI PAK 150-200	Preferred	
HYDANTOINS		
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Preferred	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 100mg/4ml, 125mg/5ml	Preferred	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Preferred	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
SUCCINIMIDES		
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Preferred	
VALPROIC ACID		
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Preferred	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Preferred	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Preferred	
<i>valproate sodium soln 250mg/5ml</i>	Preferred	
<i>valproic acid caps 250mg</i>	Preferred	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tabs 7.5mg, 45mg</i>	Preferred	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Preferred	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Preferred	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tabs 75mg, 100mg</i>	Preferred	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	Preferred	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Preferred	
<i>bupropion hcl tb24 450mg</i>	Preferred	QL (1 tab every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Preferred	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Preferred	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide soln 10mg/5ml</i>	Preferred	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Preferred	
<i>escitalopram oxalate soln 5mg/5ml</i>	Preferred	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Preferred	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Preferred	
<i>fluoxetine hcl soln 20mg/5ml; tabs 10mg, 20mg</i>	Preferred	
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	Preferred	
FLUOXETINE HYDROCHLORIDE TABS 60mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	Preferred	
<i>paroxetine hcl (generic of PAXIL) SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg</i>	Preferred	
<i>sertraline hcl (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg</i>	Preferred	

SEROTONIN MODULATORS

<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	Preferred	
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SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg</i>	Preferred	
<i>duloxetine hcl cpep 40mg</i>	Preferred	QL (2 caps every 1 day)
<i>VENLAFAXINE BESYLATE ER TB24 112.5mg</i>	Preferred	QL (1 tab every 1 day)
<i>venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg</i>	Preferred	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred	

TRICYCLIC AGENTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	Preferred	
<i>clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg</i>	Preferred	
<i>desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg</i>	Preferred	
<i>desipramine hcl tabs 50mg, 75mg, 100mg, 150mg</i>	Preferred	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	Preferred	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	Preferred	
<i>nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg</i>	Preferred	
<i>nortriptyline hcl soln 10mg/5ml</i>	Preferred	
<i>protriptyline hcl tabs 5mg, 10mg</i>	Preferred	

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	Preferred	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	Preferred	

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 1.25-250 mg</i>	Preferred	
<i>glyburide-metformin tab 2.5-500 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 5-500 mg</i>	Preferred	
BIGUANIDES		
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	Preferred	
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	Preferred	
BAQSIMI TWO PACK POWD 3mg/dose	Preferred	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Preferred	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Preferred	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Preferred	
GVOKE KIT SOLN 1mg/0.2ml	Preferred	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Preferred	
PROGLYCEM SUSP 50mg/ml	Preferred	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25mg, 50mg, 100mg	Preferred	QL (1 tab every 1 day)
TRADJENTA TABS 5mg	Preferred	QL (1 tab every 1 day)
INCRETIN MIMETIC AGENTS		
RYBELSUS TABS 3mg, 7mg, 14mg	Preferred-PA	PA, QL (1 tab every 1 day)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Preferred	QL (2 pens every 28 days)
VICTOZA SOPN 18mg/3ml	Preferred	
INSULIN		
HUMALOG SOCT 100unit/ml	Preferred	QL (30 mL every 28 days)
HUMALOG SOLN 100unit/ml	Preferred	QL (40 mL every 28 days)
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	Preferred	QL (30 mL every 28 days)
HUMALOG KWIKPEN SOPN 100unit/ml	Preferred	QL (30 mL every 28 days)
HUMALOG KWIKPEN SOPN 200unit/ml	Preferred	QL (12 mL every 28 days)
HUMALOG MIX INJ 50/50	Preferred	QL (40 mL every 28 days)
HUMALOG MIX INJ 50/50KWP	Preferred	QL (30 mL every 28 days)
HUMALOG MIX INJ 75/25KWP	Preferred	QL (30 mL every 28 days)
HUMALOG MIX SUS 75/25	Preferred	QL (40 mL every 28 days)
HUMULIN INJ 70/30	Preferred	QL (40 mL every 28 days), OTC

Drug Name	Drug Tier	Requirements/Limits
HUMULIN INJ 70/30KWP	Preferred	QL (30 mL every 28 days), OTC
HUMULIN N SUSP 100unit/ml	Preferred	QL (40 mL every 28 days), OTC
HUMULIN N KWIKPEN SUPN 100unit/ml	Preferred	QL (30 mL every 28 days), OTC
HUMULIN R SOLN 100unit/ml	Preferred	QL (40 mL every 28 days), OTC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Preferred	QL (40 mL every 28 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Preferred	QL (24 mL every 28 days)
INSULIN LISP INJ PROTAMIN	Preferred	QL (30 pens every 28 days)
INSULIN LISPRO SOLN 100unit/ml	Preferred	QL (40 mL every 28 days)
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	Preferred	QL (30 mL every 28 days)
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	Preferred	QL (30 mL every 28 days)
LANTUS SOLN 100unit/ml	Preferred	QL (30 mL every 28 days)
LANTUS SOLOSTAR SOPN 100unit/ml	Preferred	QL (30 mL every 28 days)
LEVEMIR SOLN 100unit/ml	Preferred	QL (40 mL every 28 days)
LEVEMIR FLEXPEN SOPN 100unit/ml	Preferred	QL (30 mL every 28 days)

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	Preferred
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MEGLITINIDE ANALOGUES

<i>nateglinide tabs</i> 60mg, 120mg	Preferred
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SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TABS 5mg, 10mg	Preferred	QL (1 tab every 1 day)
INVOKANA TABS 100mg	Preferred	QL (2 tabs every 1 day)
INVOKANA TABS 300mg	Preferred	QL (1 tab every 1 day)
JARDIANCE TABS 10mg	Preferred	QL (2 tabs every 1 day)
JARDIANCE TABS 25mg	Preferred	QL (1 tab every 1 day)

SULFONYLUREAS

<i>glimepiride tabs</i> 1mg, 2mg, 4mg	Preferred
<i>glipizide tabs</i> 5mg, 10mg	Preferred
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	Preferred
<i>glyburide tabs</i> 1.25mg, 2.5mg, 5mg	Preferred

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized</i> (generic of GLYNASE) TABS 1.5mg, 3mg, 6mg	Preferred	

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate</i> chew 262mg; susp 262mg/15ml, 525mg/30ml, 527mg/30ml; tabs 262mg	Preferred	OTC
PEPTO BISMOL TABS 262mg	Preferred	OTC
PEPTO-BISMOL SUSP 262mg/15ml	Preferred	OTC
PEPTO-BISMOL TO-GO CHEW 262mg	Preferred	OTC

ANTIPERISTALTIC AGENTS

IMODIUM A-D CAPS 2mg; TABS 2mg	Preferred	OTC
<i>loperamide hcl</i> caps 2mg	Preferred	
<i>loperamide hcl</i> caps 2mg; tabs 2mg	Preferred	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAPS 100mg	Preferred	
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OPIOID ANTAGONISTS

KLOXXADO LIQD 8mg/0.1ml	Preferred	QL (4 ea every 30 days)
NALMEFENE HYDROCHLORIDE SOLN 1mg/ml	Preferred	
<i>naloxone hcl</i> liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	Preferred	
<i>naltrexone hcl</i> tabs 50mg	Preferred	
NARCAN LIQD 4mg/0.1ml	Preferred	
VIVITROL SUSR 380mg	Preferred	
ZIMHI SOSY 5mg/0.5ml	Preferred	QL (2 syringes every 30 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>ondansetron</i> tbdp 4mg, 8mg	Preferred	
<i>ondansetron hcl</i> soln 4mg/5ml	Preferred	QL (50 mL every 15 days)
<i>ondansetron hcl</i> tabs 4mg, 8mg	Preferred	

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate</i> tabs 50mg	Preferred	OTC
DRAMAMINE TABS 50mg	Preferred	OTC
<i>meclizine hcl</i> chew 25mg	Preferred	OTC
<i>meclizine hcl</i> tabs 12.5mg, 25mg	Preferred	
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days	Preferred	
TRANSDERM-SCOP PT72 1mg/3days	Preferred	

Drug Name	Drug Tier	Requirements/Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg</i>	Preferred	QL (1 cap every 21 days)
<i>aprepitant (generic of EMEND) CAPS 80mg</i>	Preferred	QL (2 caps every 16 days)
<i>aprepitant caps 125mg</i>	Preferred	QL (1 cap every 16 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred	QL (3 tabs every 16 days)

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	Preferred	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Preferred	
<i>nystatin tabs 500000unit</i>	Preferred	
<i>terbinafine hcl tabs 250mg</i>	Preferred	QL (90 tabs every year)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg</i>	Preferred	
<i>fluconazole tabs 50mg</i>	Preferred	
<i>itraconazole (generic of SPORANOX) CAPS 100mg</i>	Preferred	
<i>ketoconazole tabs 200mg</i>	Preferred	

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

<i>CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg</i>	Preferred	OTC
<i>chlorpheniramine maleate syrp 2mg/5ml; tabs 4mg</i>	Preferred	OTC

ANTIHIISTAMINES - ETHANOLAMINES

<i>BENADRYL ALLERGY ULTRATAB TABS 25mg</i>	Preferred	OTC
<i>clemastine fumarate tabs 1.34mg</i>	Preferred	OTC
<i>diphenhydramine hcl caps 25mg, 50mg; liqd 12.5mg/5ml, 25mg/10ml; tabs 25mg</i>	Preferred	OTC

ANTIHIISTAMINES - NON-SEDATING

<i>cetirizine hcl caps 10mg; chew 5mg, 10mg; soln 1mg/ml, 5mg/5ml; tabs 5mg, 10mg</i>	Preferred	OTC
<i>cetirizine hcl soln 1mg/ml</i>	Preferred	
<i>CLARITIN TABS 10mg</i>	Preferred	OTC
<i>CLARITIN ALLERGY CHILDREN SOLN 5mg/5ml</i>	Preferred	OTC
<i>CLARITIN REDITABS TBDP 10mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl tabs 60mg, 180mg</i>	Preferred	OTC
<i>levocetirizine dihydrochloride tabs 5mg</i>	Preferred	
<i>levocetirizine dihydrochloride tabs 5mg</i>	Preferred	OTC
<i>loratadine soln 5mg/5ml; tabs 10mg; tbdp 10mg</i>	Preferred	OTC
ZYRTEC ALLERGY TABS 10mg	Preferred	OTC

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

BILE ACID SEQUESTRANTS

<i>cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose</i>	Preferred	
<i>cholestyramine light pack 4gm</i>	Preferred	
<i>cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	Preferred	

FIBRIC ACID DERIVATIVES

<i>choline fenofibrate (generic of TRILIPIX) CPDR 45mg, 135mg</i>	Preferred	
<i>fenofibrate caps 50mg, 150mg; tabs 54mg, 160mg</i>	Preferred	
<i>fenofibrate (generic of FENOGLIDE) TABS 40mg, 120mg</i>	Preferred	
<i>fenofibrate (generic of TRICOR) TABS 48mg, 145mg</i>	Preferred	
<i>fenofibrate micronized caps 30mg, 43mg, 67mg, 90mg, 130mg, 134mg, 200mg</i>	Preferred	
<i>gemfibrozil (generic of LOPID) TABS 600mg</i>	Preferred	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Preferred	QL (2 tabs every 1 day)
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg</i>	Preferred	QL (1 tab every 1 day)
<i>simvastatin tabs 5mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg</i>	Preferred	QL (1 tab every 1 day)

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe (generic of ZETIA) TABS 10mg</i>	Preferred	QL (1 tab every 1 day)
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ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

<i>benazepril hcl tabs 5mg</i>	Preferred	
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Preferred	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Preferred	
<i>fosinopril sodium tabs</i> 10mg, 20mg, 40mg	Preferred	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Preferred	
<i>moexipril hcl tabs</i> 7.5mg, 15mg	Preferred	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Preferred	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Preferred	
<i>trandolapril tabs</i> 1mg, 2mg, 4mg	Preferred	

AGENTS FOR PHEOCHROMOCYTOMA

DEMSER CAPS 250mg	Preferred	
<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	Preferred	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	Preferred	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Preferred	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	Preferred	

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Preferred	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Preferred	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Preferred	
<i>clonidine hcl tabs</i> .1mg, .2mg, .3mg	Preferred	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 8mg	Preferred	
<i>doxazosin mesylate tabs</i> 4mg	Preferred	
<i>guanfacine hcl tabs</i> 1mg, 2mg	Preferred	
<i>methyldopa tabs</i> 250mg, 500mg	Preferred	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Preferred	
<i>terazosin hcl caps</i> 1mg, 2mg, 5mg, 10mg	Preferred	

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap</i> 2.5- 10 mg	Preferred	
<i>amlodipine besylate-benazepril hcl cap</i> 5- 10 mg (generic of LOTREL)	Preferred	
<i>amlodipine besylate-benazepril hcl cap</i> 5- 20 mg (generic of LOTREL)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Preferred	
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Preferred	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Preferred	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Preferred	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Preferred	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Preferred	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Preferred	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Preferred	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Preferred	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Preferred	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Preferred	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Preferred	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Preferred	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Preferred	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Preferred	

VASODILATORS

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>minoxidil tabs 2.5mg, 10mg</i>	Preferred	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	Preferred	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	Preferred	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tabs 250mg</i>	Preferred	QL (36 tabs every 16 days)
<i>chloroquine phosphate tabs 500mg</i>	Preferred	QL (18 tabs every 16 days)
<i>hydroxychloroquine sulfate tabs 100mg</i>	Preferred	QL (6 tabs every 1 day)
<i>hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg</i>	Preferred	QL (100 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tabs 300mg, 400mg</i>	Preferred	QL (2 tabs every 1 day)
<i>mefloquine hcl tabs 250mg</i>	Preferred	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Preferred	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg</i>	Preferred	

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg</i>	Preferred	
<i>pyridostigmine bromide tabs 30mg</i>	Preferred	
<i>pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR 180mg</i>	Preferred	

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine caps 250mg</i>	Preferred	
<i>ethambutol hcl tabs 100mg</i>	Preferred	
<i>ethambutol hcl (generic of MYAMBUTOL) TABS 400mg</i>	Preferred	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	Preferred	
PRIFTIN TABS 150mg	Preferred	
<i>pyrazinamide tabs 500mg</i>	Preferred	
<i>rifabutin (generic of MYCOBUTIN) CAPS 150mg</i>	Preferred	
<i>rifampin caps 150mg, 300mg</i>	Preferred	
TRECTOR TABS 250mg	Preferred	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	Preferred	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Preferred	
LEUKERAN TABS 2mg	Preferred	
<i>melphalan tabs 2mg</i>	Preferred	
MYLERAN TABS 2mg	Preferred	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Preferred	SP

ANTIMETABOLITES

<i>mercaptopurine tabs 50mg</i>	Preferred	
<i>methotrexate sodium tabs 2.5mg</i>	Preferred	
TABLOID TABS 40mg	Preferred	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	Preferred	SP
IRESSA TABS 250mg	Preferred	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	Preferred	SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABs 250mg, 500mg	Preferred	SP
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Preferred	AGE (Min 40)
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Preferred	
EMCYT CAPS 140mg	Preferred	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Preferred	AGE (Min 40)
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Preferred	AGE (Min 40)
LYSODREN TABS 500mg	Preferred	
<i>megestrol acetate susp 40mg/ml,</i> <i>400mg/10ml, 800mg/20ml; tabs 20mg,</i> <i>40mg</i>	Preferred	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Preferred	QL (2 tabs every 1 day)
SOLTAMOX SOLN 10mg/5ml	Preferred	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Preferred	
<i>toremifene citrate</i> (generic of FARESTON) TABs 60mg	Preferred	
ANTINEOPLASTIC ENZYME INHIBITORS		
CAPRELSA TABS 100mg	Preferred	QL (2 tabs every 1 day)
CAPRELSA TABS 300mg	Preferred	QL (1 tab every 1 day)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Preferred	SP
NEXAVAR TABS 200mg	Preferred	SP
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABs 200mg	Preferred	SP
<i>sunitinib malate</i> (generic of SUTENT) CAPs 12.5mg, 25mg, 37.5mg, 50mg	Preferred	SP
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	Preferred	SP
VOTRIENT TABS 200mg	Preferred	SP
ANTINEOPLASTICS MISC.		
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	Preferred	SP
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Preferred	
MATULANE CAPS 50mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (chemotherapy) caps 10mg</i>	Preferred	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	Preferred	
MESNEX TABS 400mg	Preferred	
MITOTIC INHIBITORS		
<i>etoposide caps 50mg</i>	Preferred	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25mg, 1mg	Preferred	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa (generic of LODOSYN) TABS 25mg</i>	Preferred	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	Preferred	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Preferred	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone (generic of COMTAN) TABS 200mg</i>	Preferred	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Preferred	
<i>bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg</i>	Preferred	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	Preferred	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	Preferred	
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Preferred	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Preferred	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Preferred	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Preferred	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		

ANTIMANIC AGENTS

<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	Preferred
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<i>lithium carbonate (generic of LITHOBID) TBCR 300mg</i>	Preferred
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ANTIPSYCHOTICS - MISC.

<i>ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg</i>	Preferred	QL (2 caps every 1 day); AGE (Min 8)
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BENZISOXAZOLES

INVEGA HAFYERA SUSY 1092mg/3.5ml	Preferred-PA	PA, QL (3.5 mL every 166 days); AGE (Min 18)
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INVEGA HAFYERA SUSY 1560mg/5ml	Preferred-PA	PA, QL (5 mL every 166 days); AGE (Min 18)
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INVEGA SUSTENNA SUSY 39mg/0.25ml	Preferred-PA	PA, QL (0.25 mL every 21 days); AGE (Min 18)
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INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml	Preferred-PA	PA, QL (0.75 mL every 21 days); AGE (Min 18)
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INVEGA SUSTENNA SUSY 234mg/1.5ml	Preferred-PA	PA, QL (1.5 mL every 21 days); AGE (Min 18)
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INVEGA TRINZA SUSY 273mg/0.88ml	Preferred-PA	PA, QL (0.875 mL every 70 days); AGE (Min 18)
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INVEGA TRINZA SUSY 410mg/1.32ml	Preferred-PA	PA, QL (1.32 mL every 70 days); AGE (Min 18)
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INVEGA TRINZA SUSY 546mg/1.75ml	Preferred-PA	PA, QL (1.75 mL every 70 days); AGE (Min 18)
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INVEGA TRINZA SUSY 819mg/2.63ml	Preferred-PA	PA, QL (2.625 mL every 70 days); AGE (Min 18)
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<i>risperidone (generic of RISPERDAL) SOLN 1mg/ml</i>	Preferred	QL (8 mL every 1 day); AGE (Min 8)
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<i>risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
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<i>risperidone tabs .25mg</i>	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
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BUTYROPHENONES

<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Preferred
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<i>haloperidol lactate conc 2mg/ml</i>	Preferred
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DIBENZAPINES

<i>clozapine (generic of CLOZARIL) TABS 25mg, 50mg</i>	Preferred	QL (3 tabs every 1 day); AGE (Min 8)
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<i>clozapine (generic of CLOZARIL) TABS 100mg</i>	Preferred	QL (9 tabs every 1 day); AGE (Min 8)
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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg	Preferred	QL (4 tabs every 1 day); AGE (Min 8)
<i>loxapine succinate caps</i> 5mg, 10mg, 25mg, 50mg	Preferred	AGE (Min 8)
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Preferred	QL (3 tabs every 1 day); AGE (Min 8)
<i>quetiapine fumarate tabs</i> 150mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)

PHENOTHIAZINES

<i>chlorpromazine hcl conc</i> 30mg/ml, 100mg/ml; <i>tabs</i> 10mg, 25mg, 50mg, 100mg, 200mg	Preferred	
<i>fluphenazine hcl conc</i> 5mg/ml; <i>elix</i> 2.5mg/5ml; <i>tabs</i> 1mg, 2.5mg, 5mg, 10mg	Preferred	
<i>perphenazine tabs</i> 2mg, 4mg, 8mg, 16mg	Preferred	
<i>prochlorperazine supp</i> 25mg	Preferred	
<i>prochlorperazine maleate tabs</i> 5mg, 10mg	Preferred	
<i>thioridazine hcl tabs</i> 10mg, 25mg, 50mg, 100mg	Preferred	
<i>trifluoperazine hcl tabs</i> 1mg, 2mg, 5mg, 10mg	Preferred	

QUINOLINONE DERIVATIVES

ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	Preferred-PA	PA, QL (1 injections every 26 days); AGE (Min 18)
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)
ARISTADA PRSY 441mg/1.6ml	Preferred-PA	PA, QL (1.6 mL every 14 days); AGE (Min 18)
ARISTADA PRSY 662mg/2.4ml	Preferred-PA	PA, QL (2.4 mL every 14 days); AGE (Min 18)
ARISTADA PRSY 882mg/3.2ml	Preferred-PA	PA, QL (3.2 mL every 14 days); AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA PRSY 1064mg/3.9ml	Preferred-PA	PA, QL (3.9 mL every 14 days); AGE (Min 18)
ARISTADA INITIO PRSY 675mg/2.4ml	Preferred-PA	PA; AGE (Min 18)

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Preferred	
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ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

ANTISEPTIC COMBINATIONS

IV PREP WIPE PAD	Preferred	OTC
MICROCLENS WIPES PADS 30%	Preferred	OTC
UNI-SOLVE PAD WIPES	Preferred	OTC

CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate liqd 4%; soln 4%</i>	Preferred	OTC
HIBICLENS LIQD 4%	Preferred	OTC

IODINE ANTISEPTICS

BETADINE SOLN 10%	Preferred	OTC
BETADINE SWABSTICKS SWAB 10%	Preferred	OTC
CVS IODINE TIN	Preferred	OTC
DECOLORIZED IODINE TINC 48%	Preferred	OTC
GNP IODIDES TIN	Preferred	OTC
GNP IODINE TIN 2% MILD	Preferred	OTC
GOODSENSE IODINE TINC 2%	Preferred	OTC
HM IODIDES TIN	Preferred	OTC
HM IODINE TIN 2% MILD	Preferred	OTC
IODINE TIN 2% MILD	Preferred	OTC
IODINE TIN STRONG	Preferred	OTC
IODINE TINCTURE TINC 1%, 2%, 70%	Preferred	OTC
IODINE TINCTURE TINC 2%	Preferred	
LUGOLS SOL IODINE	Preferred	
<i>povidone-iodine soln 10%; swab 10%</i>	Preferred	OTC
QC IODIDES TIN	Preferred	OTC
QC IODINE TIN	Preferred	OTC
RA FIRST AID TIN IODINE	Preferred	OTC
SM IODIDES TIN	Preferred	OTC
SM IODINE TIN MILD	Preferred	OTC

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml</i>	Preferred	QL (32 mL every 1 day)
<i>abacavir sulfate (generic of ZIAGEN) TABS 300mg</i>	Preferred	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300mg (generic of EPZICOM)</i>	Preferred	QL (1 tab every 1 day)
APRETUDE SUER 600mg/3ml	Preferred	QL (21 mL every 365 days)

Drug Name	Drug Tier	Requirements/Limits
APTIVUS CAPS 250mg	Preferred	QL (4 caps every 1 day)
<i>atazanavir sulfate caps 150mg</i>	Preferred	QL (2 caps every 1 day)
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg	Preferred	QL (2 caps every 1 day)
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 300mg	Preferred	QL (1 cap every 1 day)
BIKTARVY TAB	Preferred	QL (1 tab every 1 day)
CABENUVA SUS 400-600	Preferred-PA	QL (4 mL every 28 days)
CABENUVA SUS 600-900	Preferred-PA	QL (6 mL every 28 days)
COMPLERA TAB	Preferred	QL (1 tab every 1 day)
DELSTRIGO TAB	Preferred	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	Preferred	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	Preferred	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	Preferred	QL (1 tab every 1 day)
EDURANT TABS 25mg	Preferred	QL (1 tab every 1 day)
<i>efavirenz caps 50mg, 200mg</i>	Preferred	
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	Preferred	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Preferred	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
EMTRIVA CAPS 200mg	Preferred	QL (1 cap every 1 day)
EMTRIVA SOLN 10mg/ml	Preferred	QL (850 mL every 30 days)
<i>etravirine</i> (generic of INTELENCE) TABS 100mg	Preferred	QL (4 tabs every 1 day)
<i>etravirine</i> (generic of INTELENCE) TABS 200mg	Preferred	QL (2 tabs every 1 day)
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Preferred	QL (4 tabs every 1 day)
GENVOYA TAB	Preferred	QL (1 tab every 1 day)
INTELENCE TABS 25mg, 100mg	Preferred	QL (4 tabs every 1 day)
INTELENCE TABS 200mg	Preferred	QL (2 tabs every 1 day)
ISENTRESS CHEW 25mg, 100mg	Preferred	QL (6 tabs every 1 day)
ISENTRESS PACK 100mg	Preferred	QL (2 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS 400mg	Preferred	QL (2 tabs every 1 day)
ISENTRESS HD TABS 600mg	Preferred	QL (2 tabs every 1 day)
KALETRA TAB 100-25MG	Preferred	QL (10 tabs every 1 day)
KALETRA TAB 200-50MG	Preferred	QL (4 tabs every 1 day)
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml	Preferred	QL (32 mL every 1 day)
<i>lamivudine</i> (generic of EPIVIR) TABS 150mg	Preferred	QL (2 tabs every 1 day)
<i>lamivudine</i> (generic of EPIVIR) TABS 300mg	Preferred	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	Preferred	QL (2 tabs every 1 day)
LEXIVA SUSP 50mg/ml	Preferred	QL (60 mL every 1 day)
LEXIVA TABS 700mg	Preferred	QL (4 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml) (generic of KALETRA)	Preferred	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Preferred	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Preferred	QL (4 tabs every 1 day)
<i>nevirapine susp 50mg/5ml</i>	Preferred	QL (40 mL every 1 day)
<i>nevirapine tabs 200mg</i>	Preferred	QL (2 tabs every 1 day)
<i>nevirapine tb24 100mg</i>	Preferred	QL (3 tabs every 1 day)
<i>nevirapine tb24 400mg</i>	Preferred	QL (1 tab every 1 day)
NORVIR PACK 100mg	Preferred	QL (12 packets every 1 day)
ODEFSEY TAB	Preferred	QL (1 tab every 1 day)
PREZISTA SUSP 100mg/ml	Preferred	QL (400 mL every 30 days)
PREZISTA TABS 75mg	Preferred	QL (16 tabs every 1 day)
PREZISTA TABS 150mg	Preferred	QL (8 tabs every 1 day)
PREZISTA TABS 600mg	Preferred	QL (2 tabs every 1 day)
PREZISTA TABS 800mg	Preferred	QL (1 tab every 1 day)
REYATAZ CAPS 200mg	Preferred	QL (2 caps every 1 day)
REYATAZ CAPS 300mg	Preferred	QL (1 cap every 1 day)
REYATAZ PACK 50mg	Preferred	QL (5 packets every 1 day)
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Preferred	QL (12 tabs every 1 day)
SYMFI LO TAB	Preferred	QL (1 tab every 1 day)
SYMFI TAB	Preferred	QL (1 tab every 1 day)
SYMTUZA TAB	Preferred	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Preferred	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 10mg, 25mg, 50mg	Preferred	QL (2 tabs every 1 day)
TIVICAY PD TBSO 5mg	Preferred	QL (6 tabs every 1 day)
TRIUMEQ PD TAB	Preferred	QL (6 tabs every 1 day)
TRIUMEQ TAB	Preferred	QL (1 tab every 1 day)
TROGARZO SOLN 200mg/1.33ml	Preferred- PA	PA
TRUVADA TAB 100-150	Preferred	QL (1 tab every 1 day)
TRUVADA TAB 133-200	Preferred	QL (1 tab every 1 day)
TRUVADA TAB 167-250	Preferred	QL (1 tab every 1 day)
TRUVADA TAB 200-300	Preferred	QL (1 tab every 1 day)
VIRACEPT TABS 250mg, 625mg	Preferred	
VIREAD POWD 40mg/gm	Preferred	QL (8 gm every 1 day)
VIREAD TABS 150mg, 200mg, 250mg, 300mg	Preferred	QL (1 tab every 1 day)
ZIAGEN SOLN 20mg/ml	Preferred	QL (32 mL every 1 day)
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg	Preferred	QL (6 caps every 1 day)
<i>zidovudine</i> (generic of RETROVIR) SYRP 50mg/5ml	Preferred	QL (64 mL every 1 day)
<i>zidovudine tabs 300mg</i>	Preferred	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	Preferred	QL (20 tabs every 28 days); AGE (Min 12)
PAXLOVID TAB 300-100	Preferred	QL (30 tabs every 28 days); AGE (Min 12)
CMV AGENTS		
LIVTENCITY TABS 200mg	Preferred- PA	PA, QL (4 tabs every 1 day)
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Preferred	
HEPATITIS AGENTS		
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Preferred	QL (1 tab every 1 day)
MAVYRET PAK 50-20MG	Preferred	SP
MAVYRET TAB 100-40MG	Preferred	SP
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP
HERPES AGENTS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	Preferred	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Preferred	
INFLUENZA AGENTS		
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg	Preferred	QL (40 caps every 180 days)

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits
SP - Specialty

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg	Preferred	QL (20 caps every 180 days)
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml	Preferred	QL (2 mL every 1 day)
RELENZA DISKHALER AEPB 5mg/blister	Preferred	QL (40 caps every 180 days)

MISC. ANTIVIRALS

LAGEVRIO CAPS 200mg	Preferred	QL (40 caps every 29 days); AGE (Min 18)
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BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Preferred	
<i>labetalol hcl tabs</i> 100mg, 200mg, 300mg	Preferred	

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps</i> 200mg, 400mg	Preferred	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Preferred	
<i>betaxolol hcl tabs</i> 10mg, 20mg	Preferred	
<i>bisoprolol fumarate tabs</i> 5mg, 10mg	Preferred	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Preferred	
<i>metoprolol tartrate tabs</i> 25mg, 37.5mg, 75mg	Preferred	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Preferred	

BETA BLOCKERS NON-SELECTIVE

HEMANGEOL SOLN 4.28mg/ml	Preferred- PA	PA, QL (12 mL every 1 day); AGE (Max 1)
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	Preferred	
<i>nadolol tabs</i> 80mg	Preferred	
<i>pindolol tabs</i> 5mg, 10mg	Preferred	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Preferred	
<i>propranolol hcl soln</i> 20mg/5ml, 40mg/5ml; <i>tabs</i> 10mg, 20mg, 40mg, 60mg, 80mg	Preferred	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Preferred	
<i>sotalol hcl tabs</i> 240mg	Preferred	
<i>timolol maleate tabs</i> 5mg, 10mg, 20mg	Preferred	

Drug Name Drug Tier Requirements/Limits
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Preferred
<i>diltiazem hcl cp12</i> 60mg, 90mg, 120mg; <i>cp24</i> 120mg, 180mg, 240mg; <i>tabs</i> 90mg	Preferred
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Preferred
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Preferred
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Preferred
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Preferred
<i>felodipine tb24</i> 2.5mg, 5mg, 10mg	Preferred
<i>nifedipine caps</i> 10mg, 20mg; <i>tb24</i> 30mg, 60mg, 90mg	Preferred
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Preferred
<i>nimodipine caps</i> 30mg	Preferred
<i>verapamil hcl cp24</i> 100mg, 200mg, 300mg, 360mg; <i>tabs</i> 40mg, 80mg, 120mg; <i>tbc</i> 120mg, 180mg, 240mg	Preferred
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	Preferred
VERAPAMIL HYDROCHLORIDE E CP24 100mg	Preferred

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin soln</i> .05mg/ml	Preferred
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg	Preferred

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

BIDIL TAB	Preferred
ENTRESTO TAB 24-26MG	Preferred QL (2 tabs every 1 day)
ENTRESTO TAB 49-51MG	Preferred QL (2 tabs every 1 day)
ENTRESTO TAB 97-103MG	Preferred QL (2 tabs every 1 day)
<i>isosorbide dinitrate-hydralazine hcl tab</i> 20- 37.5 mg (generic of BIDIL)	Preferred

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	Preferred- PA	SP, PA
FOLAN SOLR .5mg, 1.5mg	Preferred- PA	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TABS 5mg, 10mg	Preferred- PA	SP, PA
TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	Preferred- PA	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20mg	Preferred- PA	SP, PA
REVATIO SUSR 10mg/ml	Preferred- PA	SP, PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	Preferred- PA	SP, PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	Preferred- PA	SP, PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg, 10mg	Preferred- PA	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Preferred	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 375mg/5ml</i>	Preferred	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Preferred	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg	Preferred	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB 0.1-20	Preferred	QL (1 tab every 1 day); AGE (Min 10, Max 55)
BEYAZ TAB	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Preferred	AGE (Min 10, Max 55)
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Preferred	AGE (Min 10, Max 55)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	Preferred	AGE (Min 10, Max 55)
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	Preferred	AGE (Min 10, Max 55)
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Preferred	AGE (Min 10, Max 55)
<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Preferred	AGE (Min 10, Max 55)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
LO LOESTRIN TAB 1-10-10	Preferred	AGE (Min 10, Max 55)
LOSEASONIQUE TAB	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
MINASTRIN 24 CHW FE	Preferred	AGE (Min 10, Max 55)
MIRCETTE TAB 28 DAY	Preferred	AGE (Min 10, Max 55)
NATAZIA TAB	Preferred	AGE (Min 10, Max 55)
NEXTSTELLIS TAB 3-14.2MG	Preferred	QL (1 tab every 1 day); AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
QUARTETTE TAB	Preferred	AGE (Min 10, Max 55)
SAFYRAL TAB	Preferred	AGE (Min 10, Max 55)
SEASONIQUE TAB	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
TYBLUME CHW 0.1-0.02	Preferred	AGE (Min 10, Max 55)
YASMIN 28 TAB 3-0.03MG	Preferred	AGE (Min 10, Max 55)
YAZ TAB 3-0.02MG	Preferred	AGE (Min 10, Max 55)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Preferred	QL (3 patches every 28 days); AGE (Min 10, Max 55)
TWIRLA DIS 120-30	Preferred	QL (3 ea every 28 days); AGE (Min 10, Max 55)
TWIRLA DIS 120-30	Preferred	QL (3 patches every 28 days); AGE (Min 10, Max 55)
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	Preferred	QL (1 ring every 274 days); AGE (Min 10, Max 55)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	Preferred	QL (1 ring every 21 days); AGE (Min 10, Max 55)
NUVARING MIS	Preferred	QL (1 ring every 21 days); AGE (Min 10, Max 55)
EMERGENCY CONTRACEPTIVES		
ELLA TABS 30mg	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	Preferred	OTC; AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	Preferred	QL (1 injection every 84 days); AGE (Min 10, Max 55)
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Preferred	QL (1 injection every 84 days); AGE (Min 10, Max 55)
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	Preferred	QL (1 injection every 84 days); AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone (contraceptive) tabs .35mg</i>	Preferred	AGE (Min 10, Max 55)
SLYND TABS 4mg	Preferred	QL (1 tab every 1 day); AGE (Min 10, Max 55)

Drug Name Drug Tier Requirements/Limits
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE
GLUCOCORTICOSTEROIDS

<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred
DEXAMETHASONE INTENSOL CONC 1mg/ml	Preferred
<i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i>	Preferred
<i>methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg</i>	Preferred
<i>methylprednisolone tabs 32mg</i>	Preferred
<i>methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg</i>	Preferred
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	Preferred
<i>prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 6.7mg/5ml</i>	Preferred
<i>prednisolone sodium phosphate soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	Preferred
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred
PREDNISONE INTENSOL CONC 5mg/ml	Preferred

MINERALOCORTICOIDS

<i>fludrocortisone acetate tabs .1mg</i>	Preferred
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

DELSYM SUER 30mg/5ml	Preferred	OTC
DELSYM COUGH CHILDRENS SUER 30mg/5ml	Preferred	OTC
<i>dextromethorphan hbr liqd 15mg/5ml, 30mg/10ml; syrp 15mg/5ml</i>	Preferred	OTC
<i>dextromethorphan polistirex suer 30mg/5ml</i>	Preferred	OTC

COUGH/COLD/ALLERGY COMBINATIONS

ADVIL COLD/ TAB SINUS	Preferred	OTC
<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	Preferred	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Preferred	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	OTC
CLARITIN-D TAB 5-120MG	Preferred	OTC
CLARITIN-D TAB 10-240MG	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
COLD & ALLER LIQ CHILDREN	Preferred	OTC
<i>dextromethorphan-doxylamine-apap cap 15-6.25-325 mg</i>	Preferred	OTC
<i>dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Preferred	OTC; AGE (Min 12)
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Preferred	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Preferred	OTC
DIMETAPP CLD LIQ ALLERGY	Preferred	OTC
ED BRON GP LIQ	Preferred	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Preferred	OTC; AGE (Min 12)
LOHIST-D LIQ	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Preferred	OTC
MAXI-TUSS JR LIQ	Preferred	OTC
MAXI-TUSS PE LIQ	Preferred	OTC
MAXI-TUSS PE LIQ MAX	Preferred	OTC
MUCINEX D TAB 60-600MG	Preferred	OTC
MUCINEX DM TAB 30-600ER	Preferred	OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Preferred	OTC
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	Preferred	OTC
QC DIBROMM LIQ COLD/ALL	Preferred	OTC
SCOT-TUSSIN LIQ DM SF	Preferred	OTC
SCOT-TUSSIN LIQ SENIOR	Preferred	OTC
SM CLD/ALLER LIQ CHILDREN	Preferred	OTC
TRIACTING SYP 5-2.5MG	Preferred	OTC
TRIAMINIC SOL COLD/CGH	Preferred	OTC
WAL-TAP COLD LIQ ALLERGY	Preferred	OTC
ZYRTEC-D TAB 5-120MG	Preferred	OTC

EXPECTORANTS

<i>guaifenesin liqd 100mg/5ml, 200mg/10ml, 400mg/20ml</i>	Preferred	OTC; AGE (Min 6)
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Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin tb12 600mg, 1200mg</i>	Preferred	OTC; AGE (Min 12)
MUCINEX TB12 600mg	Preferred	OTC; AGE (Min 12)
MUCINEX MAXIMUM STRENGTH TB12 1200mg	Preferred	OTC; AGE (Min 12)

DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

ACNE MEDICATION 5 LOTN 5%	Preferred	OTC
ACNE MEDICATION 10 LOTN 10%	Preferred	OTC
BENZAC AC WASH LIQD 5%	Preferred	
<i>benzoyl peroxide gel 2.5%, 5%, 10%; liqd 5%, 10%</i>	Preferred	OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) soln 1%</i>	Preferred	QL (2 mL every 1 day); AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) swab 1%</i>	Preferred	AGE (Min 10, Max 20)
DIFFERIN DAILY DEEP CLEAN LIQD 5%	Preferred	OTC
<i>erythromycin (acne aid) (generic of ERYGEL) GEL 2%</i>	Preferred	AGE (Min 10, Max 20)
<i>erythromycin (acne aid) soln 2%</i>	Preferred	QL (2 mL every 1 day); AGE (Min 10, Max 20)
<i>tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%</i>	Preferred	AGE (Min 10, Max 20)
<i>tretinoin (generic of RETIN-A) GEL .01%, .025%</i>	Preferred	AGE (Min 10, Max 20)
<i>tretinoin (generic of ATRALIN) GEL .05%</i>	Preferred	AGE (Min 10, Max 20)
<i>tretinoin gel .025%</i>	Preferred	AGE (Min 10, Max 20)

ANTIBIOTICS - TOPICAL

<i>bacitracin (topical) oint 500unit/gm</i>	Preferred	OTC
<i>bacitracin zinc oint 500unit/gm</i>	Preferred	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Preferred	QL (1 gm every 1 day)
<i>mupirocin oint 2%</i>	Preferred	QL (90 gm every 1 fill); AGE (Max 20)
<i>*neomycin-bacitracin-polymyxin oint***</i>	Preferred	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Preferred	OTC
<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	Preferred	OTC
NEOSPORIN CRE PLUS	Preferred	OTC
NEOSPORIN OIN ORIGINAL	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
<i>clotrimazole (topical) crea 1%</i>	Preferred	
<i>econazole nitrate crea 1%</i>	Preferred	QL (170 gm every 1 fill)
<i>ketoconazole (topical) crea 2%</i>	Preferred	QL (2 gm every 1 day)
<i>ketoconazole (topical) sham 2%</i>	Preferred	QL (4 mL every 1 day)
LAMISIL AT JOCK ITCH CREA 1%	Preferred	OTC
LOTRIMIN ANTIFUNGAL AERO 2%	Preferred	OTC
MICATIN CREA 2%	Preferred	OTC
<i>miconazole nitrate (topical) aero 2%; aerp 2%; crea 2%; powd 2%</i>	Preferred	OTC
NIZORAL SHAM 1%	Preferred	OTC
<i>nystatin (topical) crea 100000unit/gm</i>	Preferred	
<i>nystatin (topical) oint 100000unit/gm</i>	Preferred	QL (1 gm every 1 day)
<i>nystatin (topical) powd 100000unit/gm</i>	Preferred	
<i>terbinafine hcl (topical) crea 1%</i>	Preferred	OTC
TINACTIN AERP 1%; CREA 1%	Preferred	OTC
<i>tolnaftate aero 1%; aerp 1%; crea 1%; powd 1%</i>	Preferred	OTC
ANTI-HISTAMINES-TOPICAL		
BENADRYL CRE 2% EX ST	Preferred	OTC
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Preferred	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
LEVULAN KERASTICK SOLR 20%	Preferred	
TARGRETIN GEL 1%	Preferred	SP, QL (2 gm every 1 day)
ANTIPRURITICS - TOPICAL		
<i>camphor & menthol lotion 0.5-0.5%</i>	Preferred	OTC
SARNA LOT	Preferred	OTC
ANTIPSORIATICS		
<i>calcipotriene crea .005%; oint .005%</i>	Preferred	
<i>calcipotriene soln .005%</i>	Preferred	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	Preferred-PA	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Preferred-PA	SP, PA
ANTISEBORRHEIC PRODUCTS		
HEAD & SHOULDERS 2IN1 CLA SHAM 1%	Preferred	OTC
HEAD & SHOULDERS CLASSIC SHAM 1%	Preferred	OTC
HEAD & SHOULDERS DRY SCAL SHAM 1%	Preferred	OTC
<i>pyrithione zinc sham 1%</i>	Preferred	OTC
<i>selenium sulfide lotn 1%</i>	Preferred	OTC
<i>selenium sulfide lotn 2.5%</i>	Preferred	
SELSUN BLUE LOTN 1%	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
BURN PRODUCTS		
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5%	Preferred	QL (5 packets every 30 days)
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Preferred	
SULFAMYLON CREA 85mg/gm	Preferred	QL (15.12 gm every 1 day)
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>betamethasone valerate crea .1%; oint .1%</i>	Preferred	QL (4 gm every 1 day)
<i>betamethasone valerate lotn .1%</i>	Preferred	QL (4 mL every 1 day)
<i>clobetasol propionate crea .05%; gel .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>clobetasol propionate soln .05%</i>	Preferred	QL (51 mL every 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	Preferred	QL (2 gm every 1 day)
<i>desonide</i> (generic of DESOWEN) CREA .05%	Preferred	QL (2 gm every 1 day)
<i>desonide oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>diflorasone diacetate crea .05%; oint .05%</i>	Preferred	QL (6 gm every 1 day)
<i>fluocinolone acetonide crea .01%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	Preferred	QL (4 gm every 1 day)
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	Preferred	QL (118.5 mL every 30 days)
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	Preferred	QL (118.5 mL every 30 days)
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01%	Preferred	QL (3 mL every 1 day)
<i>fluocinonide</i> (generic of VANOS) CREA .1%	Preferred	QL (4 gm every 1 day)
<i>fluocinonide crea .05%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinonide gel .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinonide soln .05%</i>	Preferred	QL (2 mL every 1 day)
<i>fluocinonide emulsified base crea .05%</i>	Preferred	QL (4 gm every 1 day)
<i>fluticasone propionate crea .05%; oint .005%</i>	Preferred	
<i>halobetasol propionate crea .05%; oint .05%</i>	Preferred	QL (50.1 gm every 30 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	Preferred	
<i>hydrocortisone (topical) crea .5%, 1%; lotn 1%; soln 1%</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) lotn 2.5%</i>	Preferred	
<i>hydrocortisone (topical) oint 1%</i>	Preferred	QL (1 gm every 1 day)
<i>hydrocortisone (topical) oint 1%</i>	Preferred	QL (1 gm every 1 day), OTC
<i>hydrocortisone acetate (topical) crea 1%; oint 1%</i>	Preferred	OTC
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Preferred	QL (2 gm every 1 day)
<i>mometasone furoate crea .1%; oint .1%</i>	Preferred	
<i>mometasone furoate soln .1%</i>	Preferred	
MONISTAT SOOTHING CARE IT CREA 1%	Preferred	OTC
<i>triamcinolone acetonide (topical) crea .1%</i>	Preferred	QL (456 gm every 30 days)
<i>triamcinolone acetonide (topical) crea .5%</i>	Preferred	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) crea .025%; oint .025%, .1%, .5%</i>	Preferred	
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	Preferred	

ECZEMA AGENTS

DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Preferred- PA	SP, PA
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EMOLLIENT/KERATOLYTIC AGENTS

<i>urea crea 39%, 40%, 41%</i>	Preferred	
<i>urea lotn 40%</i>	Preferred	

IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod crea 5%</i>	Preferred	QL (2 packets every 1 day); AGE (Min 10)
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

ELIDEL CREA 1%	Preferred- PA	PA, QL (102 gm every 30 days)
<i>pimecrolimus (generic of ELIDEL) CREA 1%</i>	Preferred- PA	PA, QL (102 gm every 30 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	Preferred- PA	PA, QL (100.2 gm every 30 days)

KERATOLYTIC/ANTIMITOTIC AGENTS

COMPOUND W FAST ACTING GE GEL 17%	Preferred	OTC
COMPOUND W MAXIMUM STRENG GEL 17%	Preferred	OTC
CONDYLOX GEL .5%	Preferred	QL (7.5 gm every 30 days)
DERMAREST PSORIASIS GEL 3%	Preferred	OTC
KERALYT GEL 3%	Preferred	OTC
<i>podofilox soln .5%</i>	Preferred	QL (7.5 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid gel 6%; liqd 27.5%</i>	Preferred	
<i>salicylic acid gel 17%</i>	Preferred	OTC
SALICYLIC ACID OINT 3%	Preferred	

LOCAL ANESTHETICS - TOPICAL

<i>capsaicin crea .025%, .075%, .1%</i>	Preferred	OTC
CAPZASIN-HP CREA .1%	Preferred	OTC
<i>dibucaine oint 1%</i>	Preferred	OTC
<i>lidocaine oint 5%</i>	Preferred	QL (8 gm every 1 day)
<i>lidocaine (generic of LIDODERM) PTCH 5%</i>	Preferred	QL (3 packets every 1 day)
<i>lidocaine hcl crea 3%</i>	Preferred	
<i>lidocaine hcl prsy 2%</i>	Preferred	QL (10 injections every 30 days)
<i>lidocaine hcl prsy 2%</i>	Preferred	QL (12 injections every 30 days)
<i>lidocaine hcl prsy 2%</i>	Preferred	QL (30 injections every 30 days)
<i>lidocaine hcl soln 4%</i>	Preferred	QL (51 mL every 30 days)

MISC. TOPICAL

CA-REZZ LIQ NORISC	Preferred	OTC
DAILY CARE LIQ FOAM	Preferred	OTC
<i>*incontinent cleanser - liquid***</i>	Preferred	OTC
<i>isopropyl alcohol (skin cleanser) misc 70%</i>	Preferred	OTC
LANTISEPTIC LIQ NR FOAM	Preferred	OTC
LANTISEPTIC SPR BODY WSH	Preferred	OTC
LANTISEPTIC SPR PERINEAL	Preferred	OTC
PERICLEAN LIQ	Preferred	OTC
PERINEAL SKIN CLEANSER LIQD .1%	Preferred	OTC
PROSHIELD SPR CLEANSER	Preferred	OTC
<i>zinc oxide (topical) oint 20%</i>	Preferred	OTC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OINT 2%	Preferred-	PA PA
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ROSACEA AGENTS

<i>metronidazole (topical) (generic of METROCREAM) CREA .75%</i>	Preferred	
<i>metronidazole (topical) (generic of METROGEL) GEL 1%</i>	Preferred	
<i>metronidazole (topical) gel .75%</i>	Preferred	
<i>metronidazole (topical) (generic of METROLOTION) LOTN .75%</i>	Preferred	

SCABICIDES & PEDICULICIDES

NATROBA SUSP .9%	Preferred	
<i>permethrin crea 5%</i>	Preferred	QL (2 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin liqd 1%; lotn 1%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Preferred	OTC

TAR PRODUCTS

<i>coal tar extract sham .5%</i>	Preferred	OTC
DHS TAR SHAM .5%	Preferred	OTC
DHS TAR GEL SHAM .5%	Preferred	OTC

WOUND CARE PRODUCTS

ALGINAT DRES PAD 4"X4"	Preferred	OTC
ALGINAT DRES PAD 4"X5"	Preferred	OTC
ALGINAT DRES PAD 6"X6"	Preferred	OTC
ALGINAT DRES PAD 6"X7"	Preferred	OTC
ALGINAT DRES PAD 8"X8"	Preferred	OTC

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC DRUGS

GLUTOL SOL	Preferred	OTC
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DIAGNOSTIC TESTS

BINAXNOW COV KIT HOME TES	Preferred	QL (8 kits every 23 days), OTC
BINAXNOW KIT COVID-19	Preferred	QL (1 kit every 1 day)
COVID-19 AT- KIT 1-PACK	Preferred	QL (8 kits every 23 days), OTC
COVID-19 AT- KIT 2-PACK	Preferred	QL (8 kits every 23 days), OTC
COVID-19 RAP KIT 1-PACK	Preferred	QL (8 kits every 23 days), OTC
COVID-19 RAP KIT 2-PACK	Preferred	QL (8 kits every 23 days), OTC
CVS COVID-19 KIT HOME 2PK	Preferred	QL (8 kits every 23 days), OTC
IHEALTH 2-PK KIT COVID-19	Preferred	QL (8 kits every 23 days), OTC
IHEALTH 5-PK KIT COVID-19	Preferred	QL (8 kits every 23 days), OTC
LUCIRA CHECK KIT COVID-19	Preferred	QL (8 kits every 23 days), OTC
LUCIRA KIT COVID-19	Preferred	QL (8 kits every 23 days)
ON/GO COVID KIT ANTIGEN	Preferred	QL (8 kits every 23 days), OTC
ON/GO ONE KIT COVID-19	Preferred	QL (8 kits every 23 days), OTC
OTC ANTIGENT KIT 1-PACK	Preferred	QL (8 kits every 23 days), OTC
QUICKVUE HOM KIT COVID-19	Preferred	QL (8 kits every 23 days), OTC

Drug Name	Drug Tier	Requirements/Limits
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DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Preferred
CREON CAP 6000UNIT	Preferred
CREON CAP 12000UNT	Preferred
CREON CAP 24000UNT	Preferred
CREON CAP 36000UNT	Preferred
ZENPEP CAP 3000UNIT	Preferred
ZENPEP CAP 5000UNIT	Preferred
ZENPEP CAP 10000UNT	Preferred
ZENPEP CAP 15000UNT	Preferred
ZENPEP CAP 20000UNT	Preferred
ZENPEP CAP 25000UNT	Preferred
ZENPEP CAP 40000UNT	Preferred

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	Preferred
<i>methazolamide tabs 25mg, 50mg</i>	Preferred

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Preferred
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Preferred
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Preferred
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Preferred
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Preferred

LOOP DIURETICS

<i>bumetanide tabs 1mg, 2mg</i>	Preferred
<i>bumetanide (generic of BUMEX) TABS .5mg</i>	Preferred
<i>ethacrynic acid (generic of EDECRIN) TABS 25mg</i>	Preferred
<i>furosemide soln 10mg/ml, 40mg/5ml</i>	Preferred
<i>furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg</i>	Preferred
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Preferred

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tabs 5mg</i>	Preferred
<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	Preferred

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	Preferred	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone</i> tabs 25mg, 50mg	Preferred	
DIURIL SUSP 250mg/5ml	Preferred	
<i>hydrochlorothiazide</i> caps 12.5mg; tabs 12.5mg, 25mg, 50mg	Preferred	
<i>indapamide</i> tabs 1.25mg, 2.5mg	Preferred	
<i>metolazone</i> tabs 2.5mg, 5mg, 10mg	Preferred	

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>alendronate sodium</i> soln 70mg/75ml	Preferred	QL (75 mL every 7 days)
<i>alendronate sodium</i> tabs 10mg, 35mg	Preferred	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Preferred	
<i>calcitonin (salmon)</i> soln 200unit/act	Preferred	

GNRH/LHRH ANTAGONISTS

ORLISSA TABS 150mg, 200mg	Preferred- PA	PA
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GROWTH HORMONES

GENOTROPIN CART 5mg, 12mg	Preferred- PA	SP, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Preferred- PA	SP, PA

METABOLIC MODIFIERS

<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	Preferred	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Preferred- PA	SP, PA
<i>doxercalciferol</i> caps .5mcg, 1mcg, 2.5mcg	Preferred	
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	Preferred	SP
ORFADIN CAPS 2mg, 5mg, 10mg	Preferred	SP
ORFADIN CAPS 20mg	Preferred	

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA TABS 10mg, 20mg	Preferred- PA	PA
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POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Preferred	
<i>desmopressin acetate spray</i> soln .01%	Preferred	
<i>desmopressin acetate spray refrigerated</i> soln .1mg/ml	Preferred	

Drug Name	Drug Tier	Requirements/Limits
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	Preferred	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
COMBIPATCH DIS	Preferred	QL (2 patches every 7 days)
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	Preferred	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	Preferred	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Preferred	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Preferred	
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	Preferred	
MYFEMBREE TAB	Preferred- PA	PA
ORIAHNN CAP	Preferred- PA	PA
PREMPHASE TAB	Preferred	
PREMPRO TAB	Preferred	
PREMPRO TAB 0.3-1.5	Preferred	
PREMPRO TAB 0.45-1.5	Preferred	
PREMPRO TAB 0.625-5	Preferred	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Preferred	QL (2 ea every 7 days)
<i>estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Preferred	QL (2 ea every 7 days)
<i>estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	Preferred	QL (1 patch every 7 days)
<i>estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg</i>	Preferred	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	Preferred	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	Preferred	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	Preferred	AGE (Min 16)
<i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>	Preferred	AGE (Min 16)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin soln 25mg/ml; tabs 500mg</i>	Preferred	AGE (Min 16)
<i>levofloxacin (generic of LEVAQUIN) TABS 250mg, 750mg</i>	Preferred	AGE (Min 16)
<i>moxifloxacin hcl tabs 400mg</i>	Preferred	AGE (Min 16)

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIPLATULENTS

<i>MYLICON INFANTS GAS RELIE SUSP 20mg/0.3ml</i>	Preferred	OTC
<i>simethicone chew 80mg; susp 20mg/0.3ml, 40mg/0.6ml</i>	Preferred	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps 300mg</i>	Preferred	
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GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>	Preferred	
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GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	Preferred	
<i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i>	Preferred	

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium (generic of COLAZAL) CAPS 750mg</i>	Preferred	
<i>CIMZIA PSKT 200mg/ml</i>	Preferred-	SP, PA PA
<i>CIMZIA STARTER KIT PSKT 200mg/ml</i>	Preferred-	SP, PA PA
<i>mesalamine cpcr 500mg; enem 4gm</i>	Preferred	
<i>mesalamine (generic of CANASA) SUPP 1000mg</i>	Preferred	
<i>PENTASA CPCR 250mg, 500mg</i>	Preferred	
<i>SFROWASA ENEM 4gm/60ml</i>	Preferred	
<i>sulfasalazine (generic of AZULFIDINE) TABS 500mg</i>	Preferred	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg</i>	Preferred	

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) soln 10gm/15ml</i>	Preferred	AGE (Max 20)
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PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Preferred	
<i>FOSRENOL PACK 750mg, 1000mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg	Preferred	
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg	Preferred	
<i>sevelamer hcl tabs 400mg</i>	Preferred	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	Preferred	

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

ORACIT SOL	Preferred	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Preferred	

CYSTINOSIS AGENTS

CYSTAGON CAPS 50mg, 150mg	Preferred	SP
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PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	Preferred	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Preferred	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	Preferred	

URINARY ANALGESICS

<i>phenazopyridine hcl tabs 100mg, 200mg</i>	Preferred	
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GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Preferred	
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tabs 100mg, 300mg</i>	Preferred	
ALLOPURINOL TABS 200mg	Preferred	

URICOSURICS

<i>probenecid tabs 500mg</i>	Preferred	
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	Preferred- PA	SP, PA
ADYNOVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred- PA	SP, PA
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	Preferred- PA	SP, PA
ALPHANATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit	Preferred- PA	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD SOLR 500unit, 1000unit, 1500unit	Preferred-PA	SP, PA
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	Preferred-PA	SP, PA
BENEFIX KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred-PA	SP, PA
COAGADEX SOLR 250unit, 500unit	Preferred-PA	SP, PA
CORIFACT KIT 1000-1600unit	Preferred-PA	SP, PA
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	Preferred-PA	SP, PA
ESPEROCT SOLR 500unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred-PA	SP, PA
FEIBA SOLR 500unit, 1000unit, 2500unit	Preferred-PA	SP, PA
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	Preferred-PA	SP, PA
HEMOFIL M SOLR 250unit, 500unit, 1000unit, 1700unit	Preferred-PA	SP, PA
HUMATE-P SOL 250-600	Preferred-PA	SP, PA
HUMATE-P SOL 500-1200	Preferred-PA	SP, PA
HUMATE-P SOL 2400UNIT	Preferred-PA	SP, PA
IDELVION SOLR 250unit, 500unit, 1000unit, 2000unit, 3500unit	Preferred-PA	SP, PA
IXINITY SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred-PA	SP, PA
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	Preferred-PA	SP, PA
KOATE SOLR 250unit, 500unit, 1000unit	Preferred-PA	SP, PA
KOATE-DVI SOLR 1000unit	Preferred-PA	SP, PA
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred-PA	SP, PA
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred-PA	SP, PA
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred-PA	SP, PA
NOVOSEVEN RT SOLR 1mg, 2mg, 5mg, 8mg	Preferred-PA	SP, PA

Drug Name	Drug Tier	Requirements/Limits
NUWIQ KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit, 4000unit	Preferred- PA	SP, PA
OBIZUR SOLR 500unit	Preferred- PA	SP, PA
PROFILNINE SOLR 500unit, 1000unit, 1500unit	Preferred- PA	SP, PA
REBINYN SOLR 500unit, 1000unit, 2000unit, 3000unit	Preferred- PA	SP, PA
RECOMBINATE SOLR 220-400unit, 401-800unit, 801-1240unit, 1241-1800unit, 1801-2400unit	Preferred- PA	SP, PA
RIXUBIS SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred- PA	SP, PA
SEVENFACT SOLR 1mg, 5mg	Preferred- PA	SP, PA
TRETTEN SOLR 2000-3125unit	Preferred- PA	SP, PA
VONVENDI SOLR 650unit, 1300unit	Preferred- PA	SP, PA
WILATE INJ	Preferred- PA	SP, PA
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit	Preferred- PA	SP, PA
XYNTHA SOLOFUSE KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred- PA	SP, PA
COMPLEMENT INHIBITORS		
BERINERT KIT 500unit	Preferred- PA	SP, PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc</i> 400mg	Preferred	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps</i> 1mg	Preferred	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Preferred	
<i>aspirin-dipyridamole cap er</i> 12hr 25-200mg	Preferred	
BRILINTA TABS 60mg, 90mg	Preferred	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Preferred	
<i>clopidogrel bisulfate tabs</i> 300mg	Preferred	QL (4 tabs every 30 days)
<i>dipyridamole tabs</i> 25mg, 50mg, 75mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
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HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>cyanocobalamin tabs 1000mcg; tbc</i>	Preferred	OTC
<i>1000mcg</i>		

FOLIC ACID/FOLATES

<i>folic acid tabs 1mg</i>	Preferred	
<i>folic acid tabs 1mg, 400mcg, 800mcg</i>	Preferred	OTC

HEMATOPOIETIC GROWTH FACTORS

EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	Preferred- PA	SP, PA
LEUKINE SOLR 250mcg	Preferred	SP
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	Preferred	SP
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Preferred- PA	SP, PA

HEMATOPOIETIC MIXTURES

CENTRATEX CAP	Preferred	
<i>*ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg***</i>	Preferred	
HEMOCYTE PLS CAP	Preferred	

IRON

FEOSOL TABS 200mg	Preferred	OTC
FER-IN-SOL SOLN 15mg/ml	Preferred	OTC
<i>ferrous gluconate tabs 324mg</i>	Preferred	OTC
FERROUS GLUCONATE TABS 324mg	Preferred	OTC
<i>ferrous sulfate soln 15mg/ml, 220mg/5ml; tabs 65mg, 325mg; tbec 325mg</i>	Preferred	OTC
FERROUS SULFATE TBEC 324mg	Preferred	OTC
<i>ferrous sulfate dried tabs 200mg; tbc</i>	Preferred	OTC
<i>160mg</i>		
IRON CHEWS PEDIATRIC CHEW 15mg	Preferred	OTC
<i>polysaccharide iron complex caps 150mg</i>	Preferred	OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTIHISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) caps 25mg, 50mg; tabs 25mg</i>	Preferred	OTC
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Preferred	OTC
<i>doxylamine succinate (sleep) tabs 25mg</i>	Preferred	OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	Preferred	OTC
TYLENOL PM TAB 25-500MG	Preferred	OTC
UNISOM SLEEPGELS CAPS 50mg	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
UNISOM SLEEPTABS TABS 25mg	Preferred	OTC
ZZZQUIL CAPS 25mg	Preferred	OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred	
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NON-BARBITURATE HYPNOTICS

<i>estazolam tabs 1mg, 2mg</i>	Preferred	
<i>quazepam tabs 15mg</i>	Preferred	
<i>temazepam (generic of RESTORIL) CAPS 7.5mg, 15mg, 22.5mg, 30mg</i>	Preferred	
<i>triazolam (generic of HALCION) TABS .25mg</i>	Preferred	
<i>triazolam tabs .125mg</i>	Preferred	
<i>zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg</i>	Preferred	QL (1 tab every 1 day)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tabs 625mg</i>	Preferred	OTC
HYDROCIL INSTANT POWD 95%	Preferred	OTC
METAMUCIL CAPS .52gm	Preferred	OTC
METAMUCIL ORIGINAL TEXTUR POWD 48.57%	Preferred	OTC
NATURAL FIBER LAXATIVE POWD 30.9%	Preferred	OTC
<i>psyllium caps .52gm; powd 28.3%, 48.57%, 58.6%, 95%</i>	Preferred	OTC

LAXATIVE COMBINATIONS

<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Preferred	OTC
SENOKOT S TAB 8.6-50MG	Preferred	OTC

LAXATIVES - MISCELLANEOUS

<i>glycerin (laxative) supp 2gm, 2.1gm</i>	Preferred	OTC
GLYCERIN ADULT SUPP 2gm	Preferred	OTC
MIRALAX PACK 17gm; POWD 17gm/scoop	Preferred	OTC
MIRALAX MIX-IN PAX PACK 17gm	Preferred	OTC
<i>polyethylene glycol 3350 pack 17gm; powd 17gm/scoop</i>	Preferred	OTC
SORBITOL SOLN 70%	Preferred	OTC

SALINE LAXATIVES

FLEET ENE	Preferred	OTC
FLEET ENE ENEMA	Preferred	OTC
FLEET ENE ENEMA	Preferred	OTC
FLEET ENE PED	Preferred	OTC
<i>magnesium citrate soln 1.745gm/30ml</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium hydroxide susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml</i>	Preferred	OTC
<i>*sodium phosphates - enema (pediatric)***</i>	Preferred	OTC
<i>*sodium phosphates - enema***</i>	Preferred	OTC

STIMULANT LAXATIVES

<i>bisacodyl supp 10mg; tbec 5mg</i>	Preferred	OTC
DULCOLAX SUPP 10mg; TBEC 5mg	Preferred	OTC
DULCOLAX PINK LAXATIVE TBEC 5mg	Preferred	OTC
<i>sennosides caps 8.6mg; tabs 8.6mg</i>	Preferred	OTC
SENOKOT TABS 8.6mg	Preferred	OTC

SURFACTANT LAXATIVES

COLACE CAPS 100mg	Preferred	OTC
<i>docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg</i>	Preferred	OTC
DOCUSATE SODIUM SYRP 60mg/15ml	Preferred	OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin pack 1gm; tabs 600mg</i>	Preferred	
<i>azithromycin (generic of ZITHROMAX) SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg</i>	Preferred	
ZITHROMAX PACK 1gm	Preferred	

CLARITHROMYCIN

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	
<i>clarithromycin (generic of BIAXIN XL) TB24 500mg</i>	Preferred	

ERYTHROMYCINS

E.E.S. GRANULES SUSR 200mg/5ml	Preferred	
ERYPED 200 SUSR 200mg/5ml	Preferred	
ERYPED 400 SUSR 400mg/5ml	Preferred	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred	
<i>erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml</i>	Preferred	
<i>erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml</i>	Preferred	
<i>erythromycin ethylsuccinate tabs 400mg</i>	Preferred	
<i>erythromycin stearate tabs 250mg</i>	Preferred	

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

AUDITORY SUPPLIES

CLEVER CHOIC MIS HEAR AID	Preferred	OTC
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Drug Name	Drug Tier	Requirements/Limits
HEAR AID BAT MIS SIZE 10	Preferred	OTC
HEAR AID BAT MIS SIZE 13	Preferred	OTC
HEAR AID BAT MIS SIZE 312	Preferred	OTC
HEAR AID BAT MIS SIZE 675	Preferred	OTC
HEAR AID BAT MIS SIZE A10	Preferred	OTC
HEAR AID BAT MIS SIZE A13	Preferred	OTC
HEAR AID BAT MIS SZ A312	Preferred	OTC
HEAR AID BAT MIS SZ A675	Preferred	OTC
PREMIUM ZINC MIS BATT	Preferred	OTC

BLOOD MONITORING SUPPLIES

ACCUTREND SOL CHOLEST	Preferred	OTC
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CONCEPTION ASSISTANCE SUPPLIES

CLEARBLUE MIS FERTILIT	Preferred	OTC
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CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

AIMSCO MIS LUBRICAT	Preferred	OTC
CAYA DPR	Preferred	
COLOR CONDOM MIS + LUBE	Preferred	OTC
CONDOMS MIS	Preferred	OTC
DUREX MIS REALFEEL	Preferred	OTC
FANTASY LUBR MIS	Preferred	OTC
FANTASY LUBR MIS COLORS	Preferred	OTC
FANTASY LUBR MIS SPERMICI	Preferred	OTC
FANTASY MIS LUBRICAT	Preferred	OTC
FC2 FEMALE MIS CONDOM	Preferred	OTC
FEMCAP MIS 22MM	Preferred	
FEMCAP MIS 26MM	Preferred	
FEMCAP MIS 30MM	Preferred	
K-Y ME & YOU MIS EX LUBRI	Preferred	OTC
K-Y ME & YOU MIS INTENSE	Preferred	OTC
KAMELEON LUB MIS COLORS	Preferred	OTC
KAMELEON MIS TRI-COLR	Preferred	OTC
KIMONO COLOR MIS	Preferred	OTC
KIMONO MICRO MIS THIN	Preferred	OTC
KIMONO MICRO MIS THIN +	Preferred	OTC
KIMONO MICRO MIS THIN PLS	Preferred	OTC
KIMONO MIS LUBRICAT	Preferred	OTC
KIMONO MIS SENSATIO	Preferred	OTC
KIMONO PLUS MIS LUBRICAT	Preferred	OTC
KIMONO PLUS MIS SPERMICI	Preferred	OTC
KIMONO PS MIS LUBRICAT	Preferred	OTC
KIMONO PS MIS PLUS	Preferred	OTC
KIMONO SENA MIS PLUS	Preferred	OTC
KIMONO SPEC MIS	Preferred	OTC
MAXX MIS LUBRICAT	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
MAXX PLUS MIS SPERMICI	Preferred	OTC
NATURAL COND MIS + LUBE	Preferred	OTC
OMNIFLEX DPR	Preferred	
REALITY MIS LUBRICAT	Preferred	OTC
REALITY ULTR MIS TEXTURED	Preferred	OTC
REALITY ULTR MIS THIN	Preferred	OTC
TRUSTEX LUBR MIS ASSORTED	Preferred	OTC
TRUSTEX LUBR MIS BANANA	Preferred	OTC
TRUSTEX LUBR MIS CHOC	Preferred	OTC
TRUSTEX LUBR MIS COLA	Preferred	OTC
TRUSTEX LUBR MIS COLORS	Preferred	OTC
TRUSTEX LUBR MIS EX LARGE	Preferred	OTC
TRUSTEX LUBR MIS EX STR	Preferred	OTC
TRUSTEX LUBR MIS GRAPE	Preferred	OTC
TRUSTEX LUBR MIS MINT	Preferred	OTC
TRUSTEX LUBR MIS RIB/STUD	Preferred	OTC
TRUSTEX LUBR MIS SPERMICI	Preferred	OTC
TRUSTEX LUBR MIS STRWBRY	Preferred	OTC
TRUSTEX LUBR MIS VANILLA	Preferred	OTC
TRUSTEX MIS BANANA	Preferred	OTC
TRUSTEX MIS CHOCOLAT	Preferred	OTC
TRUSTEX MIS FLAVORS	Preferred	OTC
TRUSTEX MIS MINT	Preferred	OTC
TRUSTEX MIS STRWBRY	Preferred	OTC
TRUSTEX MIS VANILLA	Preferred	OTC
TRUSTEX/RIA MIS LUBRICAT	Preferred	OTC
TRUSTEX/RIA MIS NON-LUB	Preferred	OTC
TRUSTEX/RIA MIS SPERMICI	Preferred	OTC
TRUSTX NON-9 MIS RIB/STUD	Preferred	OTC
WIDE-SEAL SILICONE DIAPHR DPRH 2%	Preferred	

ELASTIC BANDAGES & SUPPORTS

COMFRT SOCKS MIS MEDIUM	Preferred	OTC
NAT RUBBER MIS STOCKING	Preferred	

FIRST AID KITS

CVS FIRST KIT AID	Preferred	OTC
CVS READINES KIT ESSENTIA	Preferred	OTC
CVS TRAVEL FIRST AID KIT KIT .13%	Preferred	OTC
FIRST AID KIT	Preferred	OTC
FIRST AID KIT 10PERSON	Preferred	OTC
FIRST AID KIT ALL PURP	Preferred	OTC
FIRST AID KIT ALL-PURP	Preferred	OTC
FIRST AID KIT BLD OWN	Preferred	OTC
FIRST AID KIT MCKIDS	Preferred	OTC
FIRST AID KIT TO GO	Preferred	OTC
FIRST AID PK KIT	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
GNP FIRST KIT AID	Preferred	OTC
RA FIRST AID KIT ALL PURP	Preferred	OTC
IMPOTENCE AIDS		
RAPPORT RLS KIT	Preferred	
RAPPORT VTD KIT	Preferred	
OPTICAL AND OPHTHALMIC SUPPLIES		
B&L ACCESSOR MIS LEN CASE	Preferred	OTC
CLEAN CLOTHS MIS MICROFIB	Preferred	OTC
CLEAN SIGHTS MIS	Preferred	OTC
CLEAN SIGHTS SOL	Preferred	OTC
CLEANING MIS CLOTH	Preferred	OTC
CONVEX EYE MIS PROTECTR	Preferred	OTC
COVERLET EYE MIS OCCL JR	Preferred	OTC
CURITY EYE PAD	Preferred	OTC
CVS EYE MIS PATCH	Preferred	OTC
EYE PATCH MIS	Preferred	OTC
EYE PATCH MIS PADDED	Preferred	OTC
EYEGLOSS KIT SCREWDRI	Preferred	OTC
EYEGLOSS LEN SPR CLEANING	Preferred	OTC
EYEWEAR KIT REPAIR	Preferred	OTC
LENS CLEANER SOL	Preferred	OTC
LENS MIS TOWELETT	Preferred	OTC
LENS WIPES MIS	Preferred	OTC
LENS-CLEAR MIS CLOTHS	Preferred	OTC
LENS-CLEAR SOL	Preferred	OTC
LENS/SCREEN MIS WIPES	Preferred	OTC
OPTICLUDE MIS EYE JR	Preferred	OTC
OPTICLUDE MIS EYE REG	Preferred	OTC
OPTICLUDE MIS JR SIZE	Preferred	OTC
OPTICLUDE MIS REG SIZE	Preferred	OTC
SIGHT SAVERS KIT EYEGLOSS	Preferred	OTC
SIGHT SAVERS MIS	Preferred	OTC
SIGHT SAVERS MIS LENS CLO	Preferred	OTC
SIGHT SAVERS MIS TISSUES	Preferred	OTC
SIGHT SAVERS SOL CLEANER	Preferred	OTC
SLEEP EYE MIS SHIELD	Preferred	OTC
PARENTERAL THERAPY SUPPLIES		
BD 20ML SYRG MIS LUER-LOK	Preferred	OTC
BD NEEDLES MIS 18GX1.5"	Preferred	OTC
EASY GLIDE MIS 1ML SYR	Preferred	OTC
HYPON NEEDLE MIS 18GX1.5"	Preferred	
INSULIN SYRG MIS 0.3/29G	Preferred	OTC
INSULIN SYRG MIS 0.3/30G	Preferred	OTC
INSULIN SYRG MIS 0.3/31G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/28G	Preferred	OTC
INSULIN SYRG MIS 0.5/29G	Preferred	OTC
INSULIN SYRG MIS 0.5/30G	Preferred	OTC
INSULIN SYRG MIS 0.5/31G	Preferred	OTC
INSULIN SYRG MIS 1ML/28G	Preferred	OTC
INSULIN SYRG MIS 1ML/29G	Preferred	OTC
LUER-LOK MIS SYRG 5ML	Preferred	OTC
NEEDLE TIP MIS 16GX1.5"	Preferred	
OMNITROPE 5 MIS DEVICE	Preferred	
PEN NEEDLES MIS 29GX12.7	Preferred	OTC
PEN NEEDLES MIS 29GX12MM	Preferred	OTC
PEN NEEDLES MIS 31GX5/16	Preferred	OTC
PEN NEEDLES MIS 31GX5MM	Preferred	OTC
PEN NEEDLES MIS 31GX6MM	Preferred	OTC
PEN NEEDLES MIS 31GX8MM	Preferred	OTC
PEN NEEDLES MIS 32GX4MM	Preferred	OTC
1ML SYRINGE MIS LUER LOC	Preferred	OTC
30ML SYRINGE MIS LUER LOK	Preferred	OTC
12ML SYRINGE MIS LUER-LOC	Preferred	
10ML SYRINGE MIS LUER-LOK	Preferred	OTC
1ML SYRINGE MIS SLIP TIP	Preferred	OTC

RESPIRATORY AIDS

ACTEEV PROTE MIS MASK	Preferred	OTC
ALL PURPOSE MIS MASK	Preferred	OTC
BREATHE COMF MIS SHIELD	Preferred	OTC
CLEVER CHOIC MIS MASK	Preferred	OTC
CLEVR CHOICE MIS MEDICAL	Preferred	OTC
DISPOSABLE MIS FACE MAS	Preferred	OTC
EAR-LOOP MIS MASK SM	Preferred	OTC
EARLOOP MIS MASK	Preferred	OTC
EASY FLOW MIS KN 95	Preferred	OTC
FACE MASK MIS 3 PLY	Preferred	OTC
FACE MASK MIS 3-PLY	Preferred	OTC
FACE MASK MIS EARLOOP	Preferred	
FACE MASK MIS EARLOOP	Preferred	OTC
FACE MASK MIS N-100	Preferred	
FACE MASK MIS R95 PART	Preferred	
FACE MASK MIS SURG/DIS	Preferred	OTC
FACE MASKS MIS 3 LAYER	Preferred	OTC
J&J GERM FIL MIS MASK	Preferred	OTC
KN95 DISPOSA MIS MASK	Preferred	OTC
KN95 MEDICAL MIS MASK	Preferred	OTC
MASK PEDIATR MIS SIZE 1"	Preferred	OTC
N95 MASK MIS	Preferred	OTC
N95 PARTICUL MIS ATE RESP	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MD MIS MASK	Preferred	OTC
PEDIATRIC SM MIS MASK	Preferred	OTC
PROCEDURAL MIS MASK	Preferred	OTC
SHIELD-SECUR MIS	Preferred	OTC
SURGICAL MSK MIS N95	Preferred	

RESPIRATORY THERAPY SUPPLIES

COMPACT SPAC MIS CHAMBER	Preferred	
COMPACT SPAC MIS LG MASK	Preferred	
COMPACT SPAC MIS MD MASK	Preferred	
COMPACT SPAC MIS SM MASK	Preferred	
MICROSPACER MIS	Preferred	
POCKET SPACE MIS	Preferred	
PURE COMFORT MIS SPACER	Preferred	OTC
SPACE CHAMBR MIS ANTI-STA	Preferred	
SPACE CHAMBR MIS LARGE	Preferred	
SPACE CHAMBR MIS MEDIUM	Preferred	
SPACE CHAMBR MIS SMALL	Preferred	
SPACER CHAMB MIS ADULT	Preferred	OTC
SPACER CHAMB MIS CHILD	Preferred	OTC
SPACER CHAMB MIS INFANT	Preferred	OTC

SURGICAL SUPPLIES

PREVELEAK MIS SRG SEAL	Preferred	
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MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70mg/ml, 140mg/ml	Preferred- PA	PA
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	Preferred- PA	PA
NURTEC TBDP 75mg	Preferred- PA	PA
QULIPTA TABS 10mg, 30mg, 60mg	Preferred- PA	PA
UBRELVY TABS 50mg, 100mg	Preferred- PA	PA

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine suppos 2-100 mg</i>	Preferred	QL (5 supp every 7 days)
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SEROTONIN AGONISTS

<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	Preferred	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) TABS 10mg</i>	Preferred	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg</i>	Preferred	QL (18 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act, 20mg/act	Preferred	QL (6 mL every 15 days)
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml	Preferred	QL (1 mL every 14 days)
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml	Preferred	QL (1 mL every 14 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	Preferred	QL (6 mL every 28 days)
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg	Preferred	QL (3 mL every 5 days)
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 100mg	Preferred	QL (9 tabs every 30 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

CALCIUM 600 TAB +D	Preferred	OTC
<i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i>	Preferred	OTC
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	Preferred	OTC
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	Preferred	OTC
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	Preferred	OTC
<i>*calcium carb-vit d w/ minerals tabs 600 mg-400 unit***</i>	Preferred	OTC
<i>*calcium carb-vit d w/ minerals tabs 600 mg-800 unit***</i>	Preferred	OTC
<i>calcium carbonate tabs 600mg</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	Preferred	OTC
CALTRATE +D3 TAB 600-800	Preferred	OTC
CALTRATE+D3 TAB 600-800	Preferred	OTC
CALTRATE+D TAB 600-800	Preferred	OTC
OYST SHELL/D TAB 500MG	Preferred	OTC
<i>oyster shell tabs 500mg</i>	Preferred	OTC
PARVA-CAL TAB 500MG	Preferred	OTC

FLUORIDE

<i>sodium fluoride chew .25mg, .5mg, 1mg, 2.2mg; soln .5mg/ml</i>	Preferred	
<i>sodium fluoride soln .5mg/ml</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM		
<i>magnesium oxide (mg supplement) tabs 400mg</i>	Preferred	OTC
MAGOX 400 TABS 400mg	Preferred	OTC
PHOSPHATE		
K-PHOS TAB NEUTRAL	Preferred	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Preferred	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Preferred	
ZINC		
<i>zinc sulfate caps 220mg</i>	Preferred	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRATABS TABS 250mg	Preferred	SP
<i>penicillamine (generic of CUPRIMINE) CAPS 250mg</i>	Preferred	SP
<i>penicillamine (generic of DEPEN TITRATABS) TABS 250mg</i>	Preferred	SP
<i>trientine hcl (generic of SYPRINE) CAPS 250mg</i>	Preferred	SP
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine (generic of IMURAN) TABS 50mg</i>	Preferred	
<i>cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg</i>	Preferred	
<i>cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml</i>	Preferred	
<i>cyclosporine modified (for microemulsion) caps 50mg</i>	Preferred	
<i>mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; SUSR 200mg/ml; TABS 500mg</i>	Preferred	
<i>mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg</i>	Preferred	
SANDIMMUNE SOLN 100mg/ml	Preferred	
<i>sirolimus (generic of RAPAMUNE) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg</i>	Preferred	
<i>tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg</i>	Preferred	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powd 100%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	Preferred	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	Preferred	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Preferred	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	Preferred	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide (mouth) pste .1%</i>	Preferred	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	Preferred	

MULTIVITAMINS - DRUGS FOR NUTRITION

B-COMPLEX VITAMINS

<i>*b-complex vitamin cap**</i>	Preferred	OTC
<i>*b-complex vitamin sublingual liquid**</i>	Preferred	OTC
<i>*b-complex vitamin tab**</i>	Preferred	OTC

B-COMPLEX W/ C

<i>*b-complex w/ c & calcium tab***</i>	Preferred	OTC
<i>*b-complex w/ c & e + zn tab***</i>	Preferred	OTC
<i>*b-complex w/ c cap**</i>	Preferred	OTC
<i>*b-complex w/ c tab**</i>	Preferred	OTC

B-COMPLEX W/ FOLIC ACID

<i>*b-complex w/ c & folic acid cap 1 mg***</i>	Preferred	
<i>*b-complex w/ c & folic acid cap 1 mg***</i>	Preferred	OTC
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	Preferred	
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	Preferred	OTC
<i>*b-complex w/ folic acid cap**</i>	Preferred	OTC
<i>*b-complex w/biotin & folic acid tab***</i>	Preferred	OTC
NEPHROCAPS CAP	Preferred	

BIOFLAVONOID PRODUCTS

<i>*bioflavonoid products tab er**</i>	Preferred	OTC
DAFLONEX-XL TAB	Preferred	OTC
FRUIT C CHW 200MG	Preferred	OTC
VITAMIN C CHW 500MG	Preferred	OTC

MULTIPLE VITAMINS W/ CALCIUM

<i>*multiple vitamins w/ calcium tab**</i>	Preferred	OTC
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MULTIPLE VITAMINS W/ IRON

<i>*multiple vitamins w/ iron tab**</i>	Preferred	OTC
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Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS		
EYE MULTIVIT CAP	Preferred	OTC
<i>*multiple vitamins w/ minerals cap**</i>	Preferred	OTC
<i>*multiple vitamins w/ minerals chew tab**</i>	Preferred	OTC
<i>*multiple vitamins w/ minerals liquid**</i>	Preferred	OTC
<i>*multiple vitamins w/ minerals tab**</i>	Preferred	OTC
OCUVITE CAP ADULT	Preferred	OTC
OCUVITE LUTE CAP	Preferred	OTC
OPTIVITE TAB P.M.T.	Preferred	OTC
WOMENS MULT CHW GUMMIES	Preferred	OTC
MULTIVITAMINS - DRUGS FOR NUTRITION		
HIGH POTENCY TAB MULTIVIT	Preferred	OTC
MULTI VITAMI TAB D-3	Preferred	OTC
<i>*multiple vitamin tab**</i>	Preferred	OTC
MULTIVITAMIN TAB	Preferred	OTC
MULTIVITAMIN TAB ADULT	Preferred	OTC
PED MULTI VITAMINS W/FL & FE		
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	Preferred	
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	Preferred	OTC
PED MV W/ FLUORIDE		
MULTI-VIT-FL CHW 0.5MG	Preferred	
MULTI-VIT-FL CHW 0.25MG	Preferred	
MULTI-VIT-FL CHW 1MG	Preferred	
MULTIV+FLUOR CHW 0.5MG	Preferred	OTC
MULTIV+FLUOR CHW 0.25MG	Preferred	OTC
MULTIV+FLUOR CHW 1MG	Preferred	OTC
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	Preferred	OTC
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	Preferred	
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	Preferred	OTC
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	Preferred	
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i>	Preferred	
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i>	Preferred	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>*pediatric multiple vitamin chew tab**</i>	Preferred	OTC
POLY-VI-SOL SOL 50MG/ML	Preferred	OTC
PRENATAL VITAMINS		
COMPLETENATE CHW	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
JENLIVA CAP	Preferred	AGE (Min 10, Max 55)
KPN PRENATAL TAB	Preferred	OTC; AGE (Min 10, Max 55)
MULTI PRENAT TAB	Preferred	OTC; AGE (Min 10, Max 55)
NEONATAL TAB COMPLTE	Preferred	AGE (Min 10, Max 55)
OB COMPLETE TAB	Preferred	AGE (Min 10, Max 55)
PRENATABS FA TAB 29-1MG	Preferred	OTC; AGE (Min 10, Max 55)
PRENATAL TAB	Preferred	OTC; AGE (Min 10, Max 55)
PRENATAL TAB 27-0.8MG	Preferred	OTC; AGE (Min 10, Max 55)
PRENATAL TAB 27-1MG	Preferred	AGE (Min 10, Max 55)
PRENATAL TAB 28-0.8MG	Preferred	OTC; AGE (Min 10, Max 55)
PRENATAL TAB FORTE	Preferred	OTC; AGE (Min 10, Max 55)
PRENATAL TAB PLUS	Preferred	AGE (Min 10, Max 55)
PRENATAL VIT TAB 28-0.8MG	Preferred	OTC; AGE (Min 10, Max 55)
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	Preferred	OTC; AGE (Min 10, Max 55)
<i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>	Preferred	AGE (Min 10, Max 55)
PRENATAL/FE TAB	Preferred	OTC; AGE (Min 10, Max 55)
PRENATVITE TAB RX	Preferred	AGE (Min 10, Max 55)
SE-NATAL 19 CHW	Preferred	AGE (Min 10, Max 55)
SE-NATAL 19 TAB	Preferred	AGE (Min 10, Max 55)
THERANATAL TAB 27-1	Preferred	OTC; AGE (Min 10, Max 55)
THRIVITE RX TAB 29-1MG	Preferred	AGE (Min 10, Max 55)
TRINATAL RX TAB 1	Preferred	AGE (Min 10, Max 55)
VITAFOL-OB TAB 65-1MG	Preferred	AGE (Min 10, Max 55)

SPECIALTY VITAMINS PRODUCTS

ADRENAL CAP MANAGER	Preferred	OTC
ADRENALIV CAP	Preferred	OTC
ADRENOID CAP	Preferred	OTC
BILBERRY CAP PLUS	Preferred	OTC
CARDIOPRESS CAP	Preferred	OTC
CHOLASE CAP CONTROL	Preferred	OTC
COLLAGEN CAP ULTRA	Preferred	OTC
CORTICARE B CAP	Preferred	OTC
FEMQUIL CAP	Preferred	OTC
GLYCOTROL CAP	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
GLYCOTROL CAP COMPLETE	Preferred	OTC
HEART SAVIOR CAP	Preferred	OTC
IMMUNERX CAP	Preferred	OTC
IMMUNICARE CAP	Preferred	OTC
INULOSE BLD CAP SUGAR	Preferred	OTC
LIPOTRIAD CAP VIS PLUS	Preferred	OTC
LIPOTRIAD CAP VISION	Preferred	OTC
LIPOTRIAD CAP VISIONAR	Preferred	OTC
MEDCAPS DPO CAP	Preferred	OTC
MEDCAPS GI CAP	Preferred	OTC
MEDCAPS IS CAP	Preferred	OTC
MEDCAPS T3 CAP	Preferred	OTC
MEMORALL CAP	Preferred	OTC
METHYL CAP PROTECT	Preferred	OTC
METHYL-GUARD CAP	Preferred	OTC
METHYL-GUARD CAP PLUS	Preferred	OTC
MM BIOTIN CAP KERATIN	Preferred	OTC
PRO HERS RX CAP	Preferred	
PRO HIS RX CAP	Preferred	
PRO PCOS RX CAP	Preferred	
RETAINÉ CAP VISION	Preferred	OTC
SYNERTROPIN CAP	Preferred	OTC
VITAMINS FOR CAP HAIR	Preferred	OTC

VITAMINS W/ LIPOTROPICS

ACTIFLOVIT TAB EAR HEAL	Preferred	OTC
LIPOTRIAD TAB	Preferred	OTC
<i>*vitamins w/ lipotropics cap**</i>	Preferred	OTC
<i>*vitamins w/ lipotropics tab**</i>	Preferred	OTC

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 5mg</i>	Preferred	QL (16 tabs every 1 day)
<i>baclofen tabs 10mg</i>	Preferred	QL (8 tabs every 1 day)
<i>baclofen tabs 20mg</i>	Preferred	QL (4 tabs every 1 day)
<i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>	Preferred	QL (4 tabs every 1 day)
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Preferred	QL (3 tabs every 1 day)
<i>methocarbamol tabs 500mg</i>	Preferred	QL (8 tabs every 1 day)
<i>methocarbamol tabs 750mg</i>	Preferred	QL (6 tabs every 1 day)
<i>orphenadrine citrate tb12 100mg</i>	Preferred	QL (2 tabs every 1 day)
<i>tizanidine hcl tabs 2mg</i>	Preferred	QL (18 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Preferred	QL (9 tabs every 1 day)

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	Preferred	
<i>dantrolene sodium caps</i> 50mg, 100mg	Preferred	

MUSCLE RELAXANT COMBINATIONS

<i>orphenadrine w/ aspirin & caffeine tab</i> 25-385-30 mg	Preferred	
<i>orphenadrine w/ aspirin & caffeine tab</i> 50-770-60 mg	Preferred	

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL ANTIALLERGY

<i>azelastine hcl soln</i> .15%, 137mcg/spray	Preferred	QL (60 mL every 30 days)
<i>cromolyn sodium (nasal) aers</i> 5.2mg/act	Preferred	OTC
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	Preferred	QL (31 gm every 30 days)

NASAL STEROIDS

FLONASE ALLERGY RELIEF CH SUSP 50mcg/act	Preferred	QL (16 gm every 30 days), OTC
<i>flunisolide (nasal) soln</i> .025%	Preferred	QL (25 gm every 30 days)
<i>fluticasone propionate (nasal) susp</i> 50mcg/act	Preferred	QL (16 gm every 30 days)
<i>fluticasone propionate (nasal) susp</i> 50mcg/act	Preferred	QL (16 gm every 30 days), OTC
NASACORT ALLERGY 24HR AERO 55mcg/act	Preferred	OTC
<i>triamcinolone acetonide (nasal) aero</i> 55mcg/act	Preferred	OTC

SYMPATHOMIMETIC DECONGESTANTS

AFRIN 12 HOUR SOLN .05%	Preferred	OTC
AFRIN ALL NIGHT NODRIP SOLN .05%	Preferred	OTC
AFRIN NODRIP ORIGINAL SOLN .05%	Preferred	OTC
AFRIN PUMP MIST SOLN .05%	Preferred	OTC
DURATION 12 HOUR SOLN .05%	Preferred	OTC
DURATION SPRAY SOLN .05%	Preferred	OTC
<i>oxymetazoline hcl soln</i> .05%	Preferred	OTC
<i>oxymetazoline hcl soln</i> .05%	Preferred	OTC
<i>phenylephrine hcl (oral) tabs</i> 10mg	Preferred	OTC
<i>pseudoephedrine hcl tabs</i> 30mg, 60mg; tb12 120mg	Preferred	OTC
SUDAFED CHILDRENS LIQD 15mg/5ml	Preferred	OTC
SUDAFED CONGESTION TABS 30mg	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE SINUS CONGESTI TABS 10mg	Preferred	OTC
SUDAFED SINUS CONGESTION TABS 30mg	Preferred	OTC
VICKS SINEX 12 HOUR DECON SOLN .05%	Preferred	OTC
VICKS SINEX MOISTURIZING SOLN .05%	Preferred	OTC
VICKS SINEX SEVERE SOLN .05%	Preferred	OTC

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

<i>riluzole</i> (generic of RILUTEK) TABS 50mg	Preferred	
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NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>*omega-3 fatty acids cap 500 mg**</i>	Preferred	OTC
<i>*omega-3 fatty acids cap 1000 mg**</i>	Preferred	OTC
<i>*omega-3 fatty acids cap 1200 mg**</i>	Preferred	OTC
<i>*omega-3 fatty acids cap delayed release 1000 mg**</i>	Preferred	OTC

PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS

KABIVEN EMU	Preferred	
PERIKABIVEN EMU	Preferred	

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>*artificial tear ophth solution***</i>	Preferred	OTC
<i>artificial tear solution soln 1.25%</i>	Preferred	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	Preferred	OTC
<i>dextran 70-hypromellose ophth soln 0.1- 0.3%</i>	Preferred	OTC
GENTEAL TEAR SOL MOD PF	Preferred	OTC
GENTEAL TEAR SOL PF	Preferred	OTC
LACRISERT INST 5mg	Preferred	
<i>polyvinyl alcohol soln 1.4%</i>	Preferred	OTC
<i>*white petrolatum-mineral oil ophth ointment***</i>	Preferred	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl (ophth) soln .5%</i>	Preferred	
<i>carteolol hcl (ophth) soln 1%</i>	Preferred	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	Preferred	
<i>levobunolol hcl soln .5%</i>	Preferred	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Preferred	
<i>timolol maleate (ophth) (generic of ISTALOL) SOLN .5%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE SOLN 1%	Preferred	
<i>atropine sulfate (ophthalmic) oint 1%</i>	Preferred	
<i>atropine sulfate (ophthalmic) soln 1%</i>	Preferred	
CYCLOMYDRIL SOL OP	Preferred	
<i>cyclopentolate hcl (generic of CYCLOGYL) SOLN 1%</i>	Preferred	
<i>tropicamide (generic of MYDRIACYL) SOLN 1%</i>	Preferred	
<i>tropicamide soln .5%</i>	Preferred	
MIOTICS		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	Preferred	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	Preferred	
<i>brimonidine tartrate soln .2%</i>	Preferred	
<i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%</i>	Preferred	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	Preferred	
<i>bacitracin-polymyxin b ophth oint</i>	Preferred	
CILOXAN OINT .3%	Preferred	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Preferred	
<i>erythromycin (ophth) oint 5mg/gm</i>	Preferred	
<i>gentamicin sulfate (ophth) soln .3%</i>	Preferred	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Preferred	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Preferred	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Preferred	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	Preferred	
<i>sulfacetamide sodium (ophth) oint 10%</i>	Preferred	
<i>sulfacetamide sodium (ophth) soln 10%</i>	Preferred	
<i>tobramycin (ophth) soln .3%</i>	Preferred	
TOBEX OINT .3%	Preferred	
<i>trifluridine soln 1%</i>	Preferred	
ZIRGAN GEL .15%	Preferred	
OPHTHALMIC DECONGESTANTS		
<i>naphazoline w/ pheniramine ophth soln 0.025-0.3%</i>	Preferred	OTC
NAPHCON-A SOL OP	Preferred	OTC
<i>tetrahydrozoline hcl (ophth) soln .05%</i>	Preferred	OTC
VISINE RED EYE COMFORT SOLN .05%	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
ALREX SUSP .2%	Preferred	QL (10 mL every 14 days)
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Preferred	QL (15 mL every 14 days)
FLAREX SUSP .1%	Preferred	QL (15 mL every 14 days)
<i>fluorometholone (ophth) susp .1%</i>	Preferred	
FML FORTE SUSP .25%	Preferred	QL (10 mL every 14 days)
<i>loteprednol etabonate (generic of LOTEMAX) SUSP .5%</i>	Preferred	QL (20 mL every 14 days)
MAXIDEX SUSP .1%	Preferred	QL (25 mL every 14 days)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-hc ophth susp</i>	Preferred	
PRED MILD SUSP .12%	Preferred	QL (20 mL every 14 days)
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Preferred	QL (20 mL every 14 days)
PREDNISOLONE SODIUM PHOSP SOLN 1%	Preferred	QL (20 mL every 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Preferred	
OPHTHALMICS - MISC.		
<i>azelastine hcl (ophth) soln .05%</i>	Preferred	QL (12 mL every 30 days)
<i>cromolyn sodium (ophth) soln 4%</i>	Preferred	QL (50 mL every 30 days)
<i>diclofenac sodium (ophth) soln .1%</i>	Preferred	QL (10 mL every 14 days)
<i>dorzolamide hcl soln 2%</i>	Preferred	
EYEAID IRRIG SOL OP	Preferred	OTC
<i>flurbiprofen sodium soln .03%</i>	Preferred	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	Preferred	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Preferred	QL (20 mL every 30 days)
<i>ketotifen fumarate (ophth) soln .035%</i>	Preferred	OTC
<i>ophthalmic irrigation solution soln 99.05%, 99.1%</i>	Preferred	OTC
<i>*ophthalmic irrigation solution***</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ZADITOR SOLN .035%	Preferred	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Preferred	
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln</i> 2%	Preferred	
<i>carbamide peroxide (otic) soln</i> 6.5%	Preferred	OTC
DEBROX SOLN 6.5%	Preferred	OTC
OTIC ANTI-INFECTIVES		
<i>ofloxacin (otic) soln</i> .3%	Preferred	
OTIC COMBINATIONS		
CIPRODEX SUS 0.3-0.1%	Preferred	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Preferred	
<i>neomycin-polymyxin-hc otic soln</i> 1%	Preferred	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	Preferred	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin caps</i> 250mg, 500mg; <i>chew</i> 125mg, 250mg; <i>susr</i> 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; <i>tabs</i> 500mg, 875mg	Preferred	
<i>ampicillin caps</i> 500mg	Preferred	
NATURAL PENICILLINS		
<i>penicillin v potassium solr</i> 125mg/5ml, 250mg/5ml; <i>tabs</i> 250mg, 500mg	Preferred	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	Preferred	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	Preferred	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	Preferred	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	Preferred	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	Preferred	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Preferred	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	Preferred	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg (generic of AUGMENTIN)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Preferred	
AUGMENTIN SUS 125/5ML	Preferred	QL (5 mL every 1 day)
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Preferred	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg</i>	Preferred	
<i>progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg</i>	Preferred	
<i>progesterone oil 50mg/ml</i>	Preferred	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tbec 333mg</i>	Preferred	
<i>disulfiram tabs 250mg, 500mg</i>	Preferred	
LUCEMYRA TABS .18mg	Preferred	
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg</i>	Preferred	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	Preferred	
<i>memantine hcl (generic of NAMENDA) TABS 5mg, 10mg</i>	Preferred	QL (2 tabs every 1 day)
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Preferred	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Preferred	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	Preferred- PA	SP, PA
INGREZZA CAPS 40mg, 60mg, 80mg	Preferred- PA	SP, PA
INGREZZA CAP 40-80MG	Preferred- PA	SP, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	Preferred	SP
COPAXONE SOSY 20mg/ml, 40mg/ml	Preferred	SP
GILENYA CAPS .5mg	Preferred- PA	SP, PA

Drug Name	Drug Tier	Requirements/Limits
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	Preferred	SP
REBIF REBIDO INJ TITRATN	Preferred	SP
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	Preferred	SP
REBIF TITRTN INJ PACK	Preferred	SP
TECFIDERA CPDR 120mg, 240mg	Preferred	SP
TECFIDERA CAP STARTER	Preferred	SP

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

<i>ergoloid mesylates tabs 1mg</i>	Preferred	
<i>pimozide tabs 1mg, 2mg</i>	Preferred	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Preferred	
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Preferred	OTC
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	Preferred	OTC
NICOTINE SYS KIT TRANSDER	Preferred	OTC
NICOTROL INHALER INHA 10mg	Preferred	QL (168 ea every 10 days)
NICOTROL NS SOLN 10mg/ml	Preferred	QL (10 mL every 2 days)
<i>varenicline tartrate tabs .5mg, 1mg</i>	Preferred	QL (2 tabs every 1 day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Preferred	QL (2 tabs every 1 day)

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

PULMOZYME SOLN 2.5mg/2.5ml	Preferred	SP
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SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

<i>sulfadiazine tabs 500mg</i>	Preferred	
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tabs 150mg, 300mg</i>	Preferred	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg</i>	Preferred	QL (2 caps every 1 day)
<i>doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml</i>	Preferred	
<i>doxycycline (monohydrate) tabs 50mg, 75mg, 100mg, 150mg</i>	Preferred	QL (2 tabs every 1 day)
<i>doxycycline hyclate caps 50mg</i>	Preferred	QL (2 caps every 1 day)
<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	Preferred	QL (2 caps every 1 day)
<i>doxycycline hyclate tabs 20mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tabs 50mg</i>	Preferred	QL (4 tabs every 1 day)
<i>doxycycline hyclate tabs 75mg, 100mg, 150mg</i>	Preferred	QL (2 tabs every 1 day)
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Preferred	
<i>tetracycline hcl caps 250mg, 500mg</i>	Preferred	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	Preferred	
<i>propylthiouracil tabs 50mg</i>	Preferred	

THYROID HORMONES

ADTHYZA TABS 16.25mg, 32.5mg, 65mg, 97.5mg, 130mg	Preferred	
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	Preferred	
<i>levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred	QL (2 tabs every 1 day)
<i>liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg</i>	Preferred	
NP THYROID 15 TABS 15mg	Preferred	
NP THYROID 30 TABS 30mg	Preferred	
NP THYROID 60 TABS 60mg	Preferred	
NP THYROID 90 TABS 90mg	Preferred	
NP THYROID 120 TABS 120mg	Preferred	

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	Preferred	
BOOSTRIX INJ	Preferred	
DAPTACEL INJ	Preferred	
INFANRIX INJ	Preferred	
KINRIX INJ	Preferred	
PEDIARIX INJ 0.5ML	Preferred	
PENTACEL INJ	Preferred	
QUADRACEL INJ	Preferred	
QUADRACEL INJ 0.5ML	Preferred	
TDVAX INJ 2-2 LF	Preferred	
TENIVAC INJ 5-2LF	Preferred	
TET/DIP TOX INJ 2-2 LF	Preferred	
VAXELIS INJ	Preferred	

Drug Name Drug Tier Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR
ULCERS AND STOMACH ACID

ANTISPASMODICS

BELLA/OPIUM SUP 16.2-60	Preferred
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Preferred
<i>glycopyrrolate (generic of CUVPOSA) SOLN 1mg/5ml</i>	Preferred
<i>glycopyrrolate (generic of ROBINUL) TABS 1mg</i>	Preferred
<i>glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg</i>	Preferred
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	Preferred

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Preferred
<i>famotidine susr 40mg/5ml</i>	Preferred
<i>famotidine tabs 10mg</i>	Preferred OTC
<i>famotidine (generic of PEPCID) TABS 20mg, 40mg</i>	Preferred
<i>nizatidine caps 150mg, 300mg</i>	Preferred
PEPCID AC TABS 10mg	Preferred OTC

MISC. ANTI-ULCER

CARAFATE SUSP 1gm/10ml	Preferred
<i>sucralfate (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm</i>	Preferred

PROTON PUMP INHIBITORS

<i>lansoprazole (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg</i>	Preferred	AGE (Max 10)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Preferred	AGE (Max 20)
<i>omeprazole tbec 20mg</i>	Preferred	OTC; AGE (Max 20)
<i>omeprazole magnesium tbec 20mg</i>	Preferred	OTC; AGE (Max 20)
<i>pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg</i>	Preferred	AGE (Max 20)
PRILOSEC OTC TBEC 20mg	Preferred	OTC; AGE (Max 20)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i>	Preferred
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URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

OXYBUTYNIN CHLORIDE SOLN 5mg/5ml	Preferred
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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride soln 5mg/5ml; tabs 2.5mg, 5mg; tb24 5mg, 10mg, 15mg</i>	Preferred	
<i>solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg</i>	Preferred	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Preferred	
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

ACTHIB INJ	Preferred	
BEXSERO INJ	Preferred	
BIOTHRAX INJ	Preferred	
HIBERIX SOLR 10mcg	Preferred	
MENACTRA INJ	Preferred	
MENQUADFI INJ	Preferred	
MENVEO INJ	Preferred	
MENVEO SOL	Preferred	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Preferred	
PNEUMOVAX 23 INJ 25mcg/0.5ml	Preferred	
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	Preferred	
PREVNAR 13 INJ	Preferred	
PREVNAR 20 INJ	Preferred	
TRUMENBA INJ	Preferred	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Preferred	
VAXNEUVANCE INJ	Preferred	

VIRAL VACCINES

AFLURIA QUAD INJ 2022-23	Preferred	
DENGVAXIA SUS	Preferred	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Preferred	
FLUAD QUADRI INJ 2022-23	Preferred	
FLUARIX QUAD INJ 2022-23	Preferred	
FLUBLOK QUAD INJ 2022-23	Preferred	
FLUCLVX QUAD INJ 2022-23	Preferred	
FLULAVAL QUA INJ 2022-23	Preferred	
FLUZONE HD INJ 2022-23	Preferred	
FLUZONE QUAD INJ 2022-23	Preferred	
GARDASIL 9 INJ	Preferred	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Preferred	
HEPLISAV-B SOSY 20mcg/0.5ml	Preferred	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Preferred	
IPOL INJ INACTIVE	Preferred	
IXIARO INJ	Preferred	

Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJ	Preferred	
PREHEVBRIO SUSP 10mcg/ml	Preferred	
PRIORIX INJ	Preferred	
PROQUAD INJ	Preferred	
RABAVERT INJ	Preferred	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Preferred	
ROTARIX SUS	Preferred	
ROTATEQ SOL	Preferred	
SHINGRIX SUSR 50mcg/0.5ml	Preferred	QL (2 injections in lifetime)
STAMARIL INJ	Preferred	
TWINRIX INJ	Preferred	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Preferred	
VARIVAX INJ 1350pfu/0.5ml	Preferred	
YF-VAX INJ	Preferred	

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

VCF VAGINAL CONTRACEPTIVE FILM 28%	Preferred	OTC
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VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100mg	Preferred	QL (3 supp every 30 days)
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	Preferred	
<i>clotrimazole vaginal crea 1%, 2%</i>	Preferred	OTC
GYNE-LOTRIMIN CREA 1%	Preferred	OTC
GYNE-LOTRIMIN 3 CREA 2%	Preferred	OTC
<i>metronidazole vaginal gel .75%</i>	Preferred	
<i>miconazole nitrate vaginal crea 2%, 4%; supp 100mg</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200mg</i>	Preferred	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
MONISTAT 3 CREA 4%	Preferred	OTC
MONISTAT 3 KIT 200MG/2%	Preferred	OTC
MONISTAT 3 KIT COMBO PK	Preferred	OTC
MONISTAT 7 SIMPLY CURE CREA 2%	Preferred	OTC
<i>terconazole vaginal crea .4%, .8%</i>	Preferred	
<i>terconazole vaginal supp 80mg</i>	Preferred	
<i>tioconazole vaginal oint 6.5%</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	Preferred	

VAGINAL ESTROGENS

<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Preferred	
PREMARIN CREA .625mg/gm	Preferred	

VAGINAL PROGESTINS

ENDOMETRIN INST 100mg	Preferred	
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VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis)</i> (generic of EIPEN 2-PAK) SOAJ .3mg/0.3ml	Preferred	
<i>epinephrine (anaphylaxis)</i> (generic of EIPEN-JR 2-PAK) SOAJ .15mg/0.3ml	Preferred	
<i>epinephrine (anaphylaxis) soaj</i> .15mg/0.15ml, .3mg/0.3ml	Preferred	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tabs</i> 2.5mg, 5mg, 10mg	Preferred	
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VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol caps</i> 1.25mg, 25mcg, 50mcg, 1000unit, 2000unit, 5000unit, 50000unit; <i>tabs</i> 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit	Preferred	OTC
<i>ergocalciferol soln</i> 200mcg/ml, 8000unit/ml	Preferred	OTC
<i>vitamin e caps</i> 45mg, 90mg, 100unit, 180mg, 200unit, 268mg, 400unit	Preferred	OTC
VITAMIN E CAPS 200unit	Preferred	OTC

WATER SOLUBLE VITAMINS

<i>ascorbic acid chew</i> 250mg, 500mg; <i>cpcr</i> 500mg; <i>tabs</i> 250mg, 500mg, 1000mg; <i>tbc</i> 500mg, 1000mg	Preferred	OTC
<i>ascorbic acid chew tab</i> 500 mg	Preferred	OTC
<i>ascorbic acid tab</i> 500 mg	Preferred	OTC
<i>ascorbic acid tab</i> 1000 mg	Preferred	OTC
<i>niacin cpcr</i> 250mg, 500mg; <i>tabs</i> 500mg; <i>tbc</i> 250mg, 500mg, 750mg	Preferred	OTC
NIACIN TR TBCR 1000mg	Preferred	OTC
<i>pyridoxine hcl tabs</i> 25mg, 50mg, 100mg	Preferred	OTC
<i>riboflavin tabs</i> 25mg, 50mg, 100mg	Preferred	OTC
SLO-NIACIN TBCR 250mg, 500mg, 750mg	Preferred	OTC
<i>thiamine hcl tabs</i> 50mg, 100mg, 250mg	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
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