



# **County Care Health Plan**

## **Medicaid Formulary**

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

Please notify County Care Health Plan at:

[CountyCarePharmacy@cookcountyhhs.org](mailto: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](http://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](http://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**

<b>Term</b>	<b>Definition</b>
<b>AL</b>	Age Limit
<b>BRAND DRUGS</b>	Listed in CAPITALIZED LETTERS
<b>GENERIC DRUGS</b>	Listed in lower case italicized letters
<b>OTC</b>	Over the Counter Medication
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug
<b>ST</b>	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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		

### **AMPHETAMINES**

amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	Preferred	QL (1 cap every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	Preferred	QL (2 caps every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	Preferred	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	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)

### **ANALEPTICS**

caffeine citrate soln 20mg/ml, 60mg/3ml	Preferred
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### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>dexamethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg	Preferred	QL (4 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexamethylphenidate 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 tbcr 10mg, 20mg</i>	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)

### **ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**

#### **ALLERGENIC EXTRACTS**

GRASTEK SUBL 2800BAU	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12AMBA1-U	Preferred

### **ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES**

#### **ALTERNATIVE MEDICINE - M'S**

<i>melatonin tabs 3mg</i>	Preferred	OTC
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### **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

#### **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	Preferred
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
gentamicin in saline inj 1.2 mg/ml	Preferred		
gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml	Preferred		
KITABIS PAK NEBU 300MG/5ML	Preferred	SP	
neomycin sulfate tabs 500mg	Preferred		
streptomycin sulfate solr 1gm	Preferred		
tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm	Preferred		
ZEMDRI SOLN 500MG/10ML	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)**

celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	Preferred
diclofenac potassium tabs 25mg	Preferred QL (8 tabs every 1 day)
diclofenac potassium tabs 50mg	Preferred
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	Preferred
etodolac caps 200mg, 300mg; tabs 500mg; tb24 400mg, 500mg, 600mg	Preferred
etodolac (generic of LODINE) TABS 400mg	Preferred
flurbiprofen tabs 100mg	Preferred
ibuprofen caps 200mg; chew 100mg; susp 50mg/1.25ml; tabs 200mg	Preferred OTC
ibuprofen tabs 400mg, 600mg, 800mg	Preferred
indomethacin caps 25mg, 50mg; cpcr 75mg	Preferred
indomethacin supp 50mg	Preferred
ketorolac tromethamine soln 30mg/ml, 60mg/2ml	Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide (generic of ARAVA) TABS 10mg, 20mg</i>	Preferred	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
<i>ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML</i>	Preferred-PA PA	
<i>ENBREL MINI SOCT 50MG/ML</i>	Preferred-PA PA	
<i>ENBREL SURECLICK SOAJ 50MG/ML</i>	Preferred-PA PA	
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<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	
<b>ANALGESICS OTHER</b>		
<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</i>	Preferred	OTC
<i>FEVERALL JUNIOR STRENGTH SUPP 325MG</i>	Preferred	OTC
<b>SALICYLATES</b>		
<i>aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg</i>	Preferred	OTC
<i>ASPIRIN SUPP 300MG</i>	Preferred	OTC
<i>aspirin tbec 325mg</i>	Preferred	OTC
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diflunisal tabs 500mg	Preferred	
salsalate tabs 500mg, 750mg	Preferred	

## **ANALGESICS - OPIOID - DRUGS TO TREAT PAIN**

### **OPIOID AGONISTS**

CODEINE SULFATE TABS 15MG	Preferred	QL (12 tabs every 1 day); AGE (Min 18)
codeine sulfate tabs 30mg	Preferred	QL (12 tabs every 1 day); AGE (Min 18)
CODEINE SULFATE TABS 60MG	Preferred	QL (6 tabs every 1 day); AGE (Min 18)
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml; TABS 2mg, 4mg, 8mg	Preferred	
HYDROMORPHONE HCL SUPP 3MG	Preferred	
morphine sulfate soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg	Preferred	
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg	Preferred-PA	PA, QL (3 tabs every 1 day)
oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg	Preferred	
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg	Preferred	
tramadol hcl tabs 50mg	Preferred	QL (8 tabs every 1 day); AGE (Min 18)

### **OPIOID COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
hydrocodone-ibuprofen tab 7.5-200 mg	Preferred		
hydrocodone-ibuprofen tab 10-200 mg	Preferred		
oxycodone w/ acetaminophen soln 5-325 mg/5ml	Preferred	QL (61 mL every 1 day)	
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOSET)	Preferred	QL (12 tabs every 1 day)	
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOSET)	Preferred	QL (12 tabs every 1 day)	
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOSET)	Preferred	QL (12 tabs every 1 day)	
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOSET)	Preferred	QL (12 tabs every 1 day)	

### **OPIOID PARTIAL AGONISTS**

buprenorphine hcl soln .3mg/ml; subl 2mg, 8mg	Preferred
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)	Preferred
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)	Preferred
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)	Preferred
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)	Preferred
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Preferred
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Preferred
butorphanol tartrate soln 1mg/ml, 2mg/ml	Preferred
nalbuphine hcl soln 10mg/ml, 20mg/ml	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**

hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	Preferred
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#### **RECTAL COMBINATIONS**

ANALPRAM-HC CRE 1-1%	Preferred
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
ANALPRAM-HC LOT 2.5%	Preferred		
hydrocortisone acetate w/ pramoxine perianal cream 1-%	Preferred		
phenylephrine-cocoa butter suppos 0.25-88.44%	Preferred	OTC	
phenylephrine-mineral oil-petrolatum oint 0.25-14-74.9%	Preferred	OTC	
<b>RECTAL LOCAL ANESTHETICS</b>			
dibucaine (rectal) oint 1%	Preferred	OTC	
pramoxine hcl (rectal) foam 1%	Preferred	OTC	
PROCTOFOAM FOAM 1%	Preferred	OTC	
<b>RECTAL STEROIDS</b>			
hydrocortisone (rectal) (generic of PROCTOCORT)	Preferred		
CREA 1%			
hydrocortisone (rectal) (generic of ANUSOL-HC)	Preferred		
CREA 2.5%			
hydrocortisone acetate (rectal) supp 25mg	Preferred		
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID</b>			
<b>ANTACID COMBINATIONS</b>			
alum & mag hydroxide-simethicone chew tab 200-200-25 mg	Preferred	OTC	
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	Preferred	OTC	
<b>ANTACIDS - ALUMINUM SALTS</b>			
ALUMINUM HYDROXIDE SUSP 320MG/5ML	Preferred	OTC	
<b>ANTACIDS - BICARBONATE</b>			
sodium bicarbonate (antacid) tabs 325mg, 650mg	Preferred	OTC	
<b>ANTACIDS - CALCIUM SALTS</b>			
calcium carbonate (antacid) chew 500mg; susp 1250mg/5ml	Preferred	OTC	
<b>ANTACIDS - MAGNESIUM SALTS</b>			
magnesium oxide tabs 400mg	Preferred	OTC	
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>			
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>			
praziquantel (generic of BILTRICIDE) TABS 600mg	Preferred		
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>			
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>			
metronidazole tabs 250mg, 500mg	Preferred		
NEBUPENT SOLR 300MG	Preferred		
pentamidine isethionate (generic of NEBUPENT) SOLR 300mg	Preferred		
trimethoprim tabs 100mg	Preferred		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Preferred	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Preferred	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Preferred	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Preferred	
<b>ANTIPROTOZOAL AGENTS</b>		
atovaquone (generic of MEPRON) SUSP 750mg/5ml	Preferred	
<b>CARBAPENEMS</b>		
ertapenem sodium solr 1gm	Preferred	
imipenem-cilastatin intravenous for soln 250 mg	Preferred	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	Preferred	
MEROP/NACL INJ 1GM/50ML	Preferred	
MEROP/NACL INJ 500/50ML	Preferred	
meropenem solr 1gm, 500mg	Preferred	
PRIMAXIN IV INJ 500MG	Preferred	
VABOMERE INJ 2GM(1-1)	Preferred	
<b>CHLORAMPHENICOLS</b>		
chloramphenicol sodium succinate solr 1gm	Preferred	
<b>CYCLIC LIPOPEPTIDES</b>		
CUBICIN RF SOLR 500MG	Preferred	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Preferred	
DAPTOMYCIN SOLR 350MG, 500MG	Preferred	
daptomycin solr 500mg	Preferred	
<b>GLYCOPEPTIDES</b>		
DALVANCE SOLR 500MG	Preferred	
ORBACTIV SOLR 400MG	Preferred	
VANCOMYC/D5W INJ 1GM	Preferred	
VANCOMYC/D5W INJ 500MG	Preferred	
VANCOMYC/D5W INJ 750MG	Preferred	
VANCOMYCIN SOLN 2000MG/400ML	Preferred	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg	Preferred	QL (80 caps every 135 days)
vancomycin hcl (generic of VANCOCIN) CAPS 250mg	Preferred	QL (160 caps every 135 days)
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 1.5gm	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl</i> solr 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Preferred	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 50mg/ml, 250mg/5ml	Preferred	QL (1800 mL every 135 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500MG/100ML, 750MG/150ML, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML; SOLR 1.25GM, 1.5GM, 750MG	Preferred	
VANCOMYCIN INJ 1 GM	Preferred	
VANCOMYCIN INJ 500MG	Preferred	
VANCOMYCIN INJ 750MG	Preferred	
VIBATIV SOLR 750MG	Preferred	
<b>LEPROSTATICs</b>		
dapsone tabs 25mg, 100mg	Preferred	
<b>LINCOSAMIDES</b>		
CLEOCIN PHOSPHATE SOLN 9GM/60ML, 300MG/2ML, 600MG/4ML, 900MG/6ML	Preferred	
<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	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	Preferred	
<i>clindamycin phosphate</i> in d5w iv soln 300 mg/50ml	Preferred	
<i>clindamycin phosphate</i> in d5w iv soln 600 mg/50ml	Preferred	
<i>clindamycin phosphate</i> in d5w iv soln 900 mg/50ml	Preferred	
CLINDMYC/NAC INJ 300/50ML	Preferred	
CLINDMYC/NAC INJ 600/50ML	Preferred	
CLINDMYC/NAC INJ 900/50ML	Preferred	
LINCOCIN SOLN 300MG/ML	Preferred	
<i>lincomycin hcl</i> (generic of LINCOCIN) SOLN 300mg/ml	Preferred	
<b>MONOBACTAMS</b>		
AZACTAM SOLR 1GM, 2GM	Preferred	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Preferred	
<b>OXAZOLIDINONES</b>		
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Preferred	
LINEZOLID INJ 2MG/ML	Preferred	
SIVEXTRO SOLR 200MG	Preferred	
ZYVOX SOLN 200MG/100ML, 600MG/300ML	Preferred	
<b>POLYMYXINS</b>		
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COLY-MYCIN M SOLR 150MG	Preferred	
<i>polymyxin b sulfate solr 500000unit</i>	Preferred	
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine pack 3gm</i>	Preferred	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	Preferred	
<i>methenamine mandelate tabs .5gm, 1gm</i>	Preferred	
MONUROL PACK 5.631GM	Preferred	
<i>nitrofurantoin susp 25mg/5ml</i>	Preferred	
NITROFURANTOIN SUSP 50MG/5ML	Preferred	
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg</i>	Preferred	QL (4 caps every 1 day)
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	Preferred	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	Preferred	
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>NITRATES</b>		
<i>isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg, 40mg</i>	Preferred	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg</i>	Preferred	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	Preferred	
NITRO-BID OINT 2%	Preferred	
<i>nitroglycerin cpcr 2.5mg, 6.5mg, 9mg; pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Preferred	
<i>nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg</i>	Preferred	
<b>ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY</b>		
<b>ANTIANXIETY AGENTS - MISC.</b>		
<i>buspirone 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</i>	Preferred	
<i>hydroxyzine pamoate caps 50mg, 100mg</i>	Preferred	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg</i>	Preferred	
ALPRAZOLAM INTENSOL CONC 1MG/ML	Preferred	
ATIVAN SOLN 2MG/ML	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg	Preferred	
lorazepam conc 2mg/ml	Preferred	
lorazepam (generic of ATIVAN) SOLN 2mg/ml; TABS .5mg, 1mg, 2mg	Preferred	
oxazepam caps 10mg, 15mg, 30mg	Preferred	

## **ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS**

### **ANTIARRHYTHMICS TYPE I-A**

disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	Preferred
NORPACE CR CP12 100MG, 150MG	Preferred
quinidine gluconate tbcr 324mg	Preferred
quinidine sulfate tabs 200mg, 300mg	Preferred

### **ANTIARRHYTHMICS TYPE I-B**

mexiletine hcl caps 150mg, 200mg, 250mg	Preferred
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### **ANTIARRHYTHMICS TYPE I-C**

flecainide acetate tabs 50mg, 100mg, 150mg	Preferred
propafenone hcl tabs 150mg, 225mg, 300mg	Preferred

### **ANTIARRHYTHMICS TYPE III**

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

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

### **ANTI-INFLAMMATORY AGENTS**

cromolyn sodium nebu 20mg/2ml	Preferred
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### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

FASENRA SOSY 30MG/ML	Preferred-PA SP, PA
FASENRA PEN SOAJ 30MG/ML	Preferred-PA SP, PA
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 40MG/0.4ML, 100MG/ML	Preferred-PA SP, PA
XOLAIR SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML	Preferred-PA SP, 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)
tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) CAPS 18mcg	Preferred	QL (1 cap every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LEUKOTRIENE MODULATORS</b>		
montelukast sodium (generic of SINGULAR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	Preferred	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	Preferred	
<b>STEROID INHALANTS</b>		
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	Preferred	QL (1 inhalers every 30 days)
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	Preferred	QL (1 inhalers every 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	Preferred	QL (1 inhalers every 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	Preferred	QL (1 inhalers every 30 days)
budesonide (inhalation) (generic of PULMICORT) SUSP 1mg/2ml	Preferred	QL (2 mL every 1 day); AGE (Max 7)
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Preferred	QL (4 mL every 1 day); AGE (Max 7)
FLOVENT DISKUS AEPB 50MCG/BLIST	Preferred	QL (6 inhalations every 1 day)
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)
<b>SYMPATHOMIMETICS</b>		
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)
albuterol sulfate aers 108mcg/act	Preferred	QL (2 inhalers every 30 days)
albuterol sulfate (generic of PROVENTIL HFA) AERS 108mcg/act	Preferred	QL (2 inhalers every 30 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DULERA AER 100-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 200-5MCG	Preferred	QL (13 gm every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred	
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	

## **XANTHINES**

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

## **ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**

### **COUMARIN ANTICOAGULANTS**

warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	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	QL (74 tabs every 30 days)
ELIQUIS STARTER PACK TBPK 5MG	Preferred-PA	QL (74 tabs every 30 days)
XARELTO TABS 2.5MG, 15MG	Preferred	QL (2 tabs every 1 day)
XARELTO TABS 10MG, 20MG	Preferred	QL (1 tab every 1 day)
XARELTO STAR TAB 15/20MG	Preferred	QL (51 tabs every 30 days)

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml	Preferred	QL (30 mL every 30 days)
enoxaparin sodium (generic of LOVENOX) SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Preferred	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Preferred	QL (15 mL every 30 days)
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml	Preferred	QL (12 mL every 30 days)
fondaparinux sodium (generic of ARIXTRA) SOLN 7.5mg/0.6ml	Preferred	QL (18 mL every 30 days)
fondaparinux sodium (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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	Preferred	

## **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

### **ANTICONVULSANTS - BENZODIAZEPINES**

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

### **ANTICONVULSANTS - MISC.**

BRIVIACT SOLN 50MG/5ML	Preferred
<i>carbamazepine chew 100mg</i>	Preferred
<i>carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg</i>	Preferred
<i>carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg</i>	Preferred
<i>gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg</i>	Preferred
KEPPRA SOLN 500MG/5ML	Preferred
<i>lacosamide (generic of VIMPAT) SOLN 200mg/20ml</i>	Preferred
<i>lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg</i>	Preferred
<i>lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg</i>	Preferred
LEVENTIRACETA INJ 5MG/ML	Preferred
LEVENTIRACETA INJ 10MG/ML	Preferred
LEVENTIRACETA INJ 15MG/ML	Preferred
<i>levetiracetam (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg</i>	Preferred
<i>levetiracetam (generic of KEPPRA) SOLN 500mg/5ml</i>	Preferred
<i>levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg</i>	Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM)</i>	Preferred	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM)</i>	Preferred	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM)</i>	Preferred	
<i>oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	Preferred	
<i>pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml</i>	Preferred	
<i>primidone (generic of MYSOLINE) TABS 50mg, 250mg</i>	Preferred	
<i>primidone tabs 125mg</i>	Preferred	
<i>topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg</i>	Preferred	
<i>topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg</i>	Preferred	
<i>VIMPAT SOLN 200MG/20ML</i>	Preferred	
<i>zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg</i>	Preferred	
<i>zonisamide caps 50mg</i>	Preferred	
<b>CARBAMATES</b>		
<i>XCOPRI TABS 50MG, 100MG, 150MG, 200MG</i>	Preferred	
<i>XCOPRI PAK 12.5-25</i>	Preferred	
<i>XCOPRI PAK 50-100MG</i>	Preferred	
<i>XCOPRI PAK 100-150</i>	Preferred	
<i>XCOPRI PAK 150-200</i>	Preferred	
<b>HYDANTOINS</b>		
<i>CEREBYX SOLN 100MGPE/2ML, 500MGPE/10ML</i>	Preferred	
<i>fosphenytoin sodium (generic of CEREBYX) SOLN 100mgpe/2ml, 500mgpe/10ml</i>	Preferred	
<i>phenytoin (generic of DILANTIN INFATABS) CHEW 50mg</i>	Preferred	
<i>phenytoin (generic of DILANTIN-125) SUSP 100mg/4ml, 125mg/5ml</i>	Preferred	
<i>phenytoin sodium soln 50mg/ml</i>	Preferred	
<i>phenytoin sodium extended (generic of DILANTIN) CAPS 100mg</i>	Preferred	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	Preferred	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VALPROIC ACID</b>		
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Preferred	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Preferred	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Preferred	
valproate sodium soln 100mg/ml	Preferred	
valproate sodium soln 250mg/5ml	Preferred	
valproic acid caps 250mg	Preferred	
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine tabs 7.5mg, 45mg	Preferred	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Preferred	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Preferred	
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion hcl tabs 75mg, 100mg	Preferred	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	Preferred	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Preferred	
bupropion hcl tb24 450mg	Preferred	QL (1 tab every 1 day)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
phenelzine sulfate (generic of NARDIL) TABS 15mg	Preferred	
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	Preferred	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
citalopram hydrobromide soln 10mg/5ml	Preferred	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	Preferred	
escitalopram oxalate soln 5mg/5ml	Preferred	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Preferred	
fluoxetine hcl (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Preferred	
fluoxetine hcl soln 20mg/5ml; tabs 10mg, 20mg	Preferred	
fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	Preferred	
FLUOXETINE HYDROCHLORIDE TABS 60MG	Preferred	
fluvoxamine maleate tabs 25mg, 50mg, 100mg	Preferred	
paroxetine hcl (generic of PAXIL) SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	Preferred	
<b>SEROTONIN MODULATORS</b>		
<i>trazodone hcl</i> tabs 50mg, 100mg, 150mg, 300mg	Preferred	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	Preferred	
<i>duloxetine hcl cpep</i> 40mg	Preferred	QL (2 caps every 1 day)
<i>VENLAFAXINE BESYLATE ER</i> TB24 112.5MG	Preferred	QL (1 tab every 1 day)
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Preferred	
<i>venlafaxine hcl</i> tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	Preferred	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i> tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Preferred	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Preferred	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Preferred	
<i>desipramine hcl</i> tabs 50mg, 75mg, 100mg, 150mg	Preferred	
<i>doxepin hcl</i> caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	Preferred	
<i>imipramine hcl</i> tabs 10mg, 25mg, 50mg	Preferred	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Preferred	
<i>nortriptyline hcl</i> soln 10mg/5ml	Preferred	
<i>protriptyline hcl</i> tabs 5mg, 10mg	Preferred	
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i> tabs 25mg, 50mg, 100mg	Preferred	
<i> miglitol</i> tabs 25mg, 50mg, 100mg	Preferred	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i> tab 2.5-250 mg	Preferred	
<i>glipizide-metformin hcl</i> tab 2.5-500 mg	Preferred	
<i>glipizide-metformin hcl</i> tab 5-500 mg	Preferred	
<i>glyburide-metformin</i> tab 1.25-250 mg	Preferred	
<i>glyburide-metformin</i> tab 2.5-500 mg	Preferred	
<i>glyburide-metformin</i> tab 5-500 mg	Preferred	
<b>BIGUANIDES</b>		
<i>metformin hcl</i> tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	Preferred	
BAQSIMI TWO PACK POWD 3MG/DOSE	Preferred	
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	Preferred	
GVOKE HYPOOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE HYPOOPEN 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	
SM GLUCOSE CHEW 4GM	Preferred	OTC
SM GLUCOSE CHW ORANGE	Preferred	OTC
SM GLUCOSE CHW RASPBERRY	Preferred	OTC
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA TABS 25MG, 50MG, 100MG	Preferred	QL (1 tab every 1 day)
TRADJENTA TABS 5MG	Preferred	QL (1 tab every 1 day)
<b>INCRETIN MIMETIC AGENTS</b>		
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	
<b>INSULIN</b>		
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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 LISPRO 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**

pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	Preferred
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### **MEGLITINIDE ANALOGUES**

nateglinide tabs 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**

glimepiride tabs 1mg, 2mg, 4mg	Preferred
glipizide tabs 5mg, 10mg	Preferred
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	Preferred
glyburide tabs 1.25mg, 2.5mg, 5mg	Preferred
glyburide micronized tabs 1.5mg, 6mg	Preferred
glyburide micronized (generic of GLYNASE) TABS 3mg	Preferred

### **ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA**

#### **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

bismuth subsalicylate chew 262mg; susp 262mg/15ml, 525mg/30ml; tabs 262mg	Preferred	OTC
DERMACINRX CAP PROBISOL	Preferred	
DERMACINRX CAP PROBITRA	Preferred	
ENVIVE CAP 115MG	Preferred	OTC
HIGH POTENCY CAP PROBIOTI	Preferred	OTC
LACTEROL CAP	Preferred	
MICROFLOR 33 CAP	Preferred	OTC
PROBONATE CAP	Preferred	
PROBITROL CAP	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMEROL CAP	Preferred	OTC
QUAD-PROBIOT CAP	Preferred	OTC
RISAQUAD CAP	Preferred	OTC
RISAQUAD-2 CAP	Preferred	OTC

### **ANTIPERISTALTIC AGENTS**

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Preferred
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Preferred
LOMOTIL TAB 2.5MG	Preferred
loperamide hcl caps 2mg	Preferred
loperamide hcl 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 (2 ea every 30 days)
LIFEMS NALOXONE PSKT 2MG/2ML	Preferred	
NALMEFENE HYDROCHLORIDE SOLN 1MG/ML	Preferred	
naloxone hcl liqd 4mg/0.1ml	Preferred	OTC
naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	Preferred	
naltrexone hcl tabs 50mg	Preferred	
NARCAN LIQD 4MG/0.1ML	Preferred	
NARCAN LIQD 4MG/0.1ML	Preferred	OTC
OPVEE SOLN 2.7MG/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**

ondansetron tbdp 4mg, 8mg	Preferred
ondansetron hcl soln 4mg/5ml	Preferred QL (50 mL every 15 days)
ondansetron hcl tabs 4mg, 8mg, 24mg	Preferred

#### **ANTIEMETICS - ANTICHOLINERGIC**

dimenhydrinate tabs 50mg	Preferred	OTC
meclizine hcl chew 25mg	Preferred	OTC
meclizine hcl tabs 12.5mg, 25mg	Preferred	
meclizine hcl (generic of ANTIVERT) TABS 50mg	Preferred	
scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days	Preferred	
TRANSDERM-SCOP PT72 1MG/3DAYS	Preferred	

#### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

aprepitant caps 40mg	Preferred	QL (1 cap every 21 days)
aprepitant (generic of EMEND) CAPS 80mg	Preferred	QL (2 caps every 14 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aprepitant caps 125mg</i>	Preferred	QL (1 cap every 14 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Preferred	QL (3 tabs every 14 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

## **ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES**

### **ANTIHISTAMINES - ALKYLAMINES**

<i>chlorpheniramine maleate syrup 2mg/5ml; tabs 4mg</i>	Preferred	OTC
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### **ANTIHISTAMINES - ETHANOLAMINES**

<i>clemastine fumarate tabs 1.34mg</i>	Preferred	OTC
<i>diphenhydramine hcl caps 25mg, 50mg; liqd 12.5mg/5ml; tabs 25mg</i>	Preferred	OTC
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	Preferred	

### **ANTIHISTAMINES - NON-SEDATING**

<i>cetirizine hcl caps 10mg; chew 5mg, 10mg; soln 1mg/ml, 5mg/5ml; syrup 1mg/ml; tabs 5mg, 10mg</i>	Preferred	OTC
<i>cetirizine hcl soln 1mg/ml</i>	Preferred	
<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

### **ANTIHISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl supp 12.5mg, 25mg, 50mg; syrup 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	Preferred
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### **ANTIHISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	Preferred
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## **ANTIHYPOLIPIDEMICS - 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)</i>	Preferred
<i>POWD 4gm/dose</i>	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	Preferred	
<i>fenofibrate caps</i> 50mg, 150mg; tabs 54mg, 160mg	Preferred	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 40mg, 120mg	Preferred	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Preferred	
<i>fenofibrate micronized caps</i> 30mg, 43mg, 67mg, 130mg, 134mg, 200mg	Preferred	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Preferred	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	Preferred	QL (1 tab every 1 day)
<i>lovastatin tabs</i> 10mg, 20mg, 40mg	Preferred	QL (2 tabs every 1 day)
<i>pravastatin sodium tabs</i> 10mg, 20mg, 40mg, 80mg	Preferred	QL (1 tab every 1 day)
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	Preferred	QL (1 tab every 1 day)
<i>simvastatin tabs</i> 5mg, 80mg	Preferred	QL (1 tab every 1 day)
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	Preferred	QL (1 tab every 1 day)
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Preferred	QL (1 tab every 1 day)
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tabs</i> 5mg	Preferred	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Preferred	
<i>captopril tabs</i> 12.5mg, 25mg, 50mg, 100mg	Preferred	
<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	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>DEM SER</i> CAPS 250MG	Preferred	
<i>metyrosine</i> (generic of DEM SER) CAPS 250mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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> SOLN 4MG/ML	Preferred	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	Preferred	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<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</i> tabs .1mg, .2mg, .3mg	Preferred	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Preferred	
<i>guanfacine hcl</i> tabs 1mg, 2mg	Preferred	
<i>methyldopa</i> tabs 250mg, 500mg	Preferred	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Preferred	
<i>terazosin hcl</i> caps 1mg, 2mg, 5mg, 10mg	Preferred	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl</i> cap 2.5-10 mg	Preferred	
<i>amlodipine besylate-benazepril hcl</i> cap 5-10 mg (generic of LOTREL)	Preferred	
<i>amlodipine besylate-benazepril hcl</i> cap 5-20 mg (generic of LOTREL)	Preferred	
<i>amlodipine besylate-benazepril hcl</i> cap 5-40 mg	Preferred	
<i>amlodipine besylate-benazepril hcl</i> cap 10-20 mg (generic of LOTREL)	Preferred	
<i>amlodipine besylate-benazepril hcl</i> cap 10-40 mg (generic of LOTREL)	Preferred	
<i>atenolol &amp; chlorthalidone</i> tab 50-25 mg (generic of TENORETIC 50)	Preferred	
<i>atenolol &amp; chlorthalidone</i> tab 100-25 mg (generic of TENORETIC 100)	Preferred	
<i>benazepril &amp; hydrochlorothiazide</i> tab 5-6.25 mg	Preferred	
<i>benazepril &amp; hydrochlorothiazide</i> tab 10-12.5 mg (generic of LOTENSIN HCT)	Preferred	
<i>benazepril &amp; hydrochlorothiazide</i> tab 20-12.5 mg (generic of LOTENSIN HCT)	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Preferred	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Preferred	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	Preferred	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	Preferred	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	Preferred	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Preferred	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Preferred	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Preferred	
<i>fosinopril sodium &amp; 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 &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Preferred	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Preferred	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Preferred	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Preferred	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Preferred	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Preferred	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Preferred	
<i>metoprolol &amp; 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	Preferred	
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	Preferred	
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	Preferred	

### **VASODILATORS**

hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	Preferred
minoxidil tabs 2.5mg, 10mg	Preferred

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

#### **ANTIMALARIAL COMBINATIONS**

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

#### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

chloroquine phosphate tabs 250mg	Preferred	QL (36 tabs every 16 days)
chloroquine phosphate tabs 500mg	Preferred	QL (18 tabs every 16 days)
hydroxychloroquine sulfate tabs 100mg	Preferred	QL (6 tabs every 1 day)
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Preferred	QL (100 tabs every 30 days)
hydroxychloroquine sulfate tabs 300mg, 400mg	Preferred	QL (2 tabs every 1 day)
mefloquine hcl tabs 250mg	Preferred	
PRIMAQUINE PHOSPHATE TABS 26.3MG	Preferred	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Preferred	

### **ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

#### **ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

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

### **ANTIMYCOTIC AGENTS - DRUGS TO TREAT INFECTIONS**

#### **ANTIMYCOTIC AGENTS - DRUGS TO TREAT INFECTIONS**

cycloserine caps 250mg	Preferred	
ethambutol hcl tabs 100mg	Preferred	
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	Preferred	
isoniazid soln 100mg/ml; syrup 50mg/5ml; tabs 100mg, 300mg	Preferred	
PRIFTIN TABS 150MG	Preferred	
pyrazinamide tabs 500mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
rifabutin (generic of MYCOBUTIN) CAPS 150mg	Preferred	
RIFADIN SOLR 600MG	Preferred	
rifampin caps 150mg, 300mg	Preferred	
rifampin (generic of RIFADIN) SOLR 600mg	Preferred	
TRECATOR TABS 250MG	Preferred	

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER**

### **ALKYLATING AGENTS**

cyclophosphamide caps 25mg, 50mg	Preferred
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	Preferred
LEUKERAN TABS 2MG	Preferred
melphalan tabs 2mg	Preferred
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	Preferred SP

### **ANTIMETABOLITES**

mercaptopurine tabs 50mg	Preferred
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; tabs 2.5mg	Preferred
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	Preferred

### **ANTINEOPLASTIC - ANTIBODIES**

POTELIGEO SOLN 20MG/5ML	Preferred
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### **ANTINEOPLASTIC - EGFR INHIBITORS**

erlotinib hcl (generic of TARCEVA) TABS 25mg, 100mg, 150mg	Preferred SP
gefitinib (generic of IRESSA) TABS 250mg	Preferred
IRESSA TABS 250MG	Preferred SP

### **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

ERIVEDGE CAPS 150MG	Preferred SP
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### **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg	Preferred SP
anastrozole (generic of ARIMIDEX) TABS 1mg	Preferred AGE (Min 40)
bicalutamide (generic of CASODEX) TABS 50mg	Preferred
EMCYT CAPS 140MG	Preferred
exemestane (generic of AROMASIN) TABS 25mg	Preferred AGE (Min 40)
letrozole (generic of FEMARA) TABS 2.5mg	Preferred AGE (Min 40)
LUPRON DEPOT (1-MONTH) KIT 3.75MG	Preferred
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	Preferred
LUPRON DEPOT (4-MONTH) KIT 30MG	Preferred
LUPRON DEPOT (6-MONTH) KIT 45MG	Preferred
LYSODREN TABS 500MG	Preferred
megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg	Preferred
nilutamide (generic of NILANDRON) TABS 150mg	Preferred QL (2 tabs every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORSERDU TABS 86MG, 345MG	Preferred	SP
SOLTAMOX SOLN 10MG/5ML	Preferred	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Preferred	
<i>toremifene citrate (generic of FARESTON) TABS 60mg</i>	Preferred	
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
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 (generic of NEXAVAR) TABS 200mg</i>	Preferred	SP
<i>sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred	SP
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	Preferred	SP
VOTRIENT TABS 200MG	Preferred	SP
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene (generic of TARGRETIN) CAPS 75mg</i>	Preferred	SP
<i>hydroxyurea (generic of HYDREA) CAPS 500mg</i>	Preferred	
MATULANE CAPS 50MG	Preferred	
<i>tretinoin (chemotherapy) caps 10mg</i>	Preferred	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	Preferred	
MESNEX TABS 400MG	Preferred	
<b>MITOTIC INHIBITORS</b>		
<i>etoposide caps 50mg</i>	Preferred	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	Preferred	
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAPS .25MG, 1MG	Preferred	SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa (generic of LODOSYN) TABS 25mg</i>	Preferred	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	Preferred	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Preferred	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone (generic of COMTAN) TABS 200mg</i>	Preferred	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	Preferred	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Preferred	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Preferred	
carbidopa & levodopa tab 25-250 mg	Preferred	
carbidopa & levodopa tab er 25-100 mg	Preferred	
carbidopa & levodopa tab er 50-200 mg	Preferred	
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Preferred	
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Preferred	

#### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

selegiline hcl caps 5mg; tabs 5mg	Preferred
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#### **ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES**

##### **ANTIMANIC AGENTS**

LITHIUM SOLN 8MEQ/5ML	Preferred
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 450mg	Preferred
lithium carbonate (generic of LITHOBID) TBCR 300mg	Preferred

##### **ANTIPSYCHOTICS - MISC.**

lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 80mg, 120mg	Preferred	AGE (Min 8)
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	Preferred	QL (2 caps every 1 day); AGE (Min 8)

##### **BENZISOXAZOLES**

INVEGA HAFYERA SUSY 1092MG/3.5ML	Preferred-PA PA, QL (3.5 mL every 166 days); AGE (Min 18)
INVEGA HAFYERA SUSY 1560MG/5ML	Preferred-PA PA, QL (5 mL every 166 days); AGE (Min 18)
INVEGA SUSTENNA SUSY 39MG/0.25ML	Preferred-PA PA, QL (0.25 mL every 21 days); AGE (Min 18)
INVEGA SUSTENNA SUSY 78MG/0.5ML, 117MG/0.75ML, 156MG/ML	Preferred-PA PA, QL (0.75 mL every 21 days); AGE (Min 18)
INVEGA SUSTENNA SUSY 234MG/1.5ML	Preferred-PA PA, QL (1.5 mL every 21 days); AGE (Min 18)
INVEGA TRINZA SUSY 273MG/0.88ML	Preferred-PA PA, QL (0.875 mL every 70 days); AGE (Min 18)
INVEGA TRINZA SUSY 410MG/1.32ML	Preferred-PA PA, QL (1.32 mL every 70 days); AGE (Min 18)
INVEGA TRINZA SUSY 546MG/1.75ML	Preferred-PA PA, QL (1.75 mL every 70 days); AGE (Min 18)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA SUSY 819MG/2.63ML	Preferred-PA	PA, QL (2.625 mL every 70 days); AGE (Min 18)
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml	Preferred	QL (8 mL every 1 day); AGE (Min 8)
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
<i>risperidone</i> tabs .25mg	Preferred	QL (2 tabs every 1 day); AGE (Min 8)

### **BUTYROPHENONES**

HALDOL DECANOATE 50 SOLN 50MG/ML	Preferred
HALDOL DECANOATE 100 SOLN 100MG/ML	Preferred
<i>haloperidol</i> tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Preferred
<i>haloperidol</i> decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Preferred
<i>haloperidol</i> decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Preferred
<i>haloperidol</i> lactate conc 2mg/ml	Preferred
<i>haloperidol</i> lactate soln 5mg/ml	Preferred

### **DIBENZAPINES**

<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Preferred	QL (3 tabs every 1 day); AGE (Min 8)
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg	Preferred	QL (9 tabs every 1 day); AGE (Min 8)
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg	Preferred	QL (4 tabs every 1 day); AGE (Min 8)
<i>loxapine</i> succinate caps 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</i> fumarate (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Preferred	QL (3 tabs every 1 day); AGE (Min 8)
<i>quetiapine</i> fumarate tabs 150mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)
<i>quetiapine</i> fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg	Preferred	QL (2 tabs every 1 day); AGE (Min 8)
<i>quetiapine</i> fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg	Preferred	QL (1 tab every 1 day); AGE (Min 8)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PHENOTHIAZINES</b>		
chlorpromazine hcl conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	Preferred	
chlorpromazine hcl soln 25mg/ml, 50mg/2ml	Preferred	
fluphenazine decanoate soln 25mg/ml	Preferred	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	Preferred	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	Preferred	
prochlorperazine supp 25mg	Preferred	
prochlorperazine maleate tabs 5mg, 10mg	Preferred	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	Preferred	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	Preferred	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	Preferred-PA	PA, QL (1 injections every 26 days); AGE (Min 18)
aripiprazole (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)
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)
<b>THIOXANTHENES</b>		
thiothixene caps 1mg, 2mg, 5mg, 10mg	Preferred	
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
<b>CHLORINE ANTISEPTICS</b>		
chlorhexidine gluconate liqd 4%; soln 4%	Preferred	OTC
<b>IODINE ANTISEPTICS</b>		
BETADINE SOLN 10%	Preferred	OTC
BETADINE SWABSTICKS SWAB 10%	Preferred	OTC
DECOLORIZED IODINE TINC 48%	Preferred	OTC
GNP IODIDES TIN	Preferred	OTC
GNP IODINE TIN 2% MILD	Preferred	OTC
HM IODIDES TIN	Preferred	OTC
HM IODINE TIN 2% MILD	Preferred	OTC
IODINE TIN 2% MILD	Preferred	OTC
LUGOLS SOL IODINE	Preferred	
povidone-iodine soln 10%	Preferred	OTC
QC IODIDES TIN	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QC IODINE TIN	Preferred	OTC
SM IODIDES TIN	Preferred	OTC
SM IODINE TIN MILD	Preferred	OTC

## **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

### **ANTIRETROVIRALS**

abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	Preferred	QL (32 mL every 1 day)
abacavir sulfate tabs 300mg	Preferred	QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	Preferred	QL (1 tab every 1 day)
APRETUDE SUER 600MG/3ML	Preferred	QL (21 mL every year)
APTIVUS CAPS 250MG	Preferred	QL (4 caps every 1 day)
atazanavir sulfate caps 150mg	Preferred	QL (2 caps every 1 day)
atazanavir sulfate (generic of REYATAZ) CAPS 200mg	Preferred	QL (2 caps every 1 day)
atazanavir sulfate (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	PA, QL (4 mL every 28 days)
CABENUVA SUS 600-900	Preferred-PA	PA, QL (6 mL every 28 days)
COMPLERA TAB	Preferred	QL (1 tab every 1 day)
darunavir (generic of PREZISTA) TABS 600mg	Preferred	QL (2 tabs every 1 day)
darunavir (generic of PREZISTA) TABS 800mg	Preferred	QL (1 tab every 1 day)
DELSTRIGO TAB	Preferred	QL (1 tab every 1 day)
DESCOVI TAB 120-15MG	Preferred	QL (1 tab every 1 day)
DESCOVI 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)
efavirenz (generic of SUSTIVA) TABS 600mg	Preferred	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	Preferred	QL (1 tab every 1 day)
emtricitabine (generic of EMTRIVA) CAPS 200mg	Preferred	QL (1 cap every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (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)
etravirine (generic of INTELENCE) TABS 100mg	Preferred	QL (4 tabs every 1 day)
etravirine (generic of INTELENCE) TABS 200mg	Preferred	QL (2 tabs every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
fosamprenavir calcium (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)
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)
lamivudine (generic of EPIVIR) SOLN 10mg/ml	Preferred	QL (32 mL every 1 day)
lamivudine (generic of EPIVIR) TABS 150mg	Preferred	QL (2 tabs every 1 day)
lamivudine (generic of EPIVIR) TABS 300mg	Preferred	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg (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)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	Preferred	QL (16 mL every 1 day)
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Preferred	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Preferred	QL (4 tabs every 1 day)
nevirapine susp 50mg/5ml	Preferred	QL (40 mL every 1 day)
nevirapine tabs 200mg	Preferred	QL (2 tabs every 1 day)
nevirapine tb24 400mg	Preferred	QL (1 tab every 1 day)
NORVIR PACK 100MG	Preferred	QL (12 packets every 1 day)
NORVIR TABS 100MG	Preferred	QL (12 tabs 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)
ritonavir (generic of NORVIR) TABS 100mg	Preferred	QL (12 tabs every 1 day)
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	Preferred-PA	PA
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	Preferred	QL (1 tab every 1 day)
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)
zidovudine (generic of RETROVIR) CAPS 100mg	Preferred	QL (6 caps every 1 day)
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	Preferred	QL (64 mL every 1 day)
zidovudine tabs 300mg	Preferred	QL (2 tabs every 1 day)

### **CMV AGENTS**

LIVTENCITY TABS 200MG	Preferred-PA PA, QL (4 tabs every 1 day)
valganciclovir hcl (generic of VALCYTE) TABS 450mg	Preferred

### **HEPATITIS AGENTS**

entecavir (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
ribavirin (hepatitis c) caps 200mg; tabs 200mg	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP

### **HERPES AGENTS**

acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	Preferred
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Preferred

### **INFLUENZA AGENTS**

oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg	Preferred	QL (40 caps every 180 days)
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg	Preferred	QL (20 caps every 180 days)
oseltamivir phosphate (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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISC. ANTIVIRALS</b>		
LAGEVRIA CAPS 200MG	Preferred	QL (40 caps every 29 days); AGE (Min 18)
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Preferred	
labetalol hcl tabs 100mg, 200mg, 300mg	Preferred	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
acebutolol hcl caps 200mg, 400mg	Preferred	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Preferred	
betaxolol hcl tabs 10mg, 20mg	Preferred	
bisoprolol fumarate tabs 5mg, 10mg	Preferred	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Preferred	
metoprolol tartrate tabs 25mg, 37.5mg, 75mg	Preferred	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Preferred	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
HEMANGEOL SOLN 4.28MG/ML	Preferred-PA PA, QL (12 mL every 1 day); AGE (Max 1)	
nadolol (generic of CORGARD) TABS 20mg, 40mg	Preferred	
nadolol tabs 80mg	Preferred	
pindolol tabs 5mg, 10mg	Preferred	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Preferred	
propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	Preferred	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Preferred	
sotalol hcl tabs 240mg	Preferred	
timolol maleate tabs 5mg, 10mg, 20mg	Preferred	
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Preferred	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg	Preferred	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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; tabs 40mg, 80mg, 120mg; <i>tbcr</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) SOLN .25mg/ml	Preferred	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg	Preferred	
LANOXIN SOLN .25MG/ML	Preferred	
LANOXIN PEDIATRIC SOLN .1MG/ML	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	

### PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	Preferred-PA	SP, PA
FLOLAN 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

Drug Name	Drug Tier	Requirements/Limits
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TABS 20MG	Preferred-PA	SP, PA
REVATIO SUSR 10MG/ML	Preferred-PA	SP, PA
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO)</i> TABS 20mg	Preferred-PA	SP, PA
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA)</i> TABS 20mg	Preferred-PA	SP, PA
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA)</i> TABS 20mg	Preferred-PA	SP, PA
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred-PA	PA
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
AVYCAZ INJ 2-0.5GM	Preferred	
ZERBAXA INJ 1.5GM	Preferred	
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Preferred	
CEFAZOL/DEX SOL 1GM	Preferred	
CEFAZOL/DEX SOL 2GM	Preferred	
CEFAZOLIN SOLR 2GM, 3GM	Preferred	
CEFAZOLIN INJ 1GM/50ML	Preferred	
<i>cefazolin sodium solr 1gm, 2gm, 10gm, 500mg</i>	Preferred	
CEFAZOLIN SOL	Preferred	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor caps 250mg, 500mg</i>	Preferred	
<i>cefotetan disodium solr 1gm, 2gm</i>	Preferred	
CEFOXITIN INJ 1GM	Preferred	
CEFOXITIN INJ 2GM	Preferred	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	Preferred	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Preferred	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	Preferred	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefixime caps 400mg</i>	Preferred	
<i>ceftazidime solr 1gm, 2gm, 6gm</i>	Preferred	
CEFTRIAX/DEX INJ 1GM	Preferred	
CEFTRIAX/DEX INJ 2GM	Preferred	
<i>ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ceftriaxone sodium in dextrose inj 20 mg/ml	Preferred	
ceftriaxone sodium in dextrose inj 40 mg/ml	Preferred	
TAZICEF INJ 1GM/50ML	Preferred	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
CEFEPIME SOLN 1GM/50ML, 2GM/100ML	Preferred	
cefepime hcl solr 1gm, 2gm	Preferred	
CEFEPIME/DEX INJ 1GM	Preferred	
CEFEPIME/DEX INJ 2GM	Preferred	
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO SOLR 400MG, 600MG	Preferred	
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
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)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Preferred	AGE (Min 10, Max 55)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	Preferred	AGE (Min 10, Max 55)
desogestrel & ethynodiol estradiol tab 0.15 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
drospirenone-ethynodiol estradiol-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	Preferred	AGE (Min 10, Max 55)
drospirenone-ethynodiol estradiol-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	Preferred	AGE (Min 10, Max 55)
drospirenone-ethynodiol estradiol tab 3-0.02 mg (generic of YAZ)	Preferred	AGE (Min 10, Max 55)
drospirenone-ethynodiol estradiol tab 3-0.03 mg (generic of YASMIN 28)	Preferred	AGE (Min 10, Max 55)
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg	Preferred	AGE (Min 10, Max 55)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	Preferred	AGE (Min 10, Max 55)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
levonorgestrel & ethynodiol estradiol (91-day) tab 0.15-0.03 mg	Preferred	QL (91 tabs every 84 days); AGE (Min 10, Max 55)
levonorgestrel & ethynodiol estradiol tab 0.1 mg-20 mcg	Preferred	AGE (Min 10, Max 55)
levonorgestrel & ethynodiol estradiol tab 0.15 mg-30 mcg	Preferred	AGE (Min 10, Max 55)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)</i>	Preferred	QL (1 tab every 1 day); AGE (Min 10, Max 55)
<i>LO LOESTRIN TAB 1-10-10</i>	Preferred	AGE (Min 10, Max 55)
<i>MINASTRIN 24 CHW FE</i>	Preferred	AGE (Min 10, Max 55)
<i>NATAZIA TAB</i>	Preferred	AGE (Min 10, Max 55)
<i>NEXTSTELLIS TAB 3-14.2MG</i>	Preferred	QL (1 tab every 1 day); AGE (Min 10, Max 55)
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</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 &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace &amp; 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 &amp; 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 &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFYRAL TAB	Preferred	AGE (Min 10, Max 55)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min 10, Max 55)
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)
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethynodiol dihydrogesterone</i> 150-35 mcg/24hr	Preferred	QL (3 patches every 28 days); AGE (Min 10, Max 55)
TWIRLA DIS 120-30	Preferred	QL (3 patches every 28 days); AGE (Min 10, Max 55)
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	Preferred	QL (1 ring every 274 days); AGE (Min 10, Max 55)
<i>etonogestrel-ethynodiol dihydrogesterone</i> 0.120-0.015 mg/24hr (generic of NUVARING)	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)
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A	Preferred	AGE (Min 10, Max 55)
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TABS 30MG	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	Preferred	OTC; AGE (Min 10, Max 55)
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPL 68MG	Preferred	AGE (Min 10, Max 55)
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML</i>	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)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG	Preferred	AGE (Min 10, Max 55)
LILETTA IUD 20.1MCG/DAY	Preferred	AGE (Min 10, Max 55)
MIRENA IUD 20MCG/DAY	Preferred	AGE (Min 10, Max 55)
SKYLA IUD 13.5MG	Preferred	AGE (Min 10, Max 55)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<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
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	Preferred	
DEXAMETHASONE INTENSOL CONC 1MG/ML	Preferred	
dexamethasone sodium phosphate soln 4mg/ml, 20mg/5ml, 120mg/30ml	Preferred	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	Preferred	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	Preferred	
methylprednisolone tabs 32mg	Preferred	
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	Preferred	
prednisolone soln 15mg/5ml; tabs 5mg	Preferred	
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	Preferred	
prednisolone sodium phosphate soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	Preferred	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	Preferred	
PREDNISONE INTENSOL CONC 5MG/ML	Preferred	
<b>MINERALOCORTICOIDS</b>		
fludrocortisone acetate tabs .1mg	Preferred	
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS</b>		
<b>ANTITUSSIVES</b>		
benzonatate caps 100mg, 200mg	Preferred	
DELSYM SUER 30MG/5ML	Preferred	OTC
DELSYM COUGH CHILDRENS SUER 30MG/5ML	Preferred	OTC
dextromethorphan hbr liqd 15mg/5ml; syrup 15mg/5ml	Preferred	OTC
dextromethorphan polistirex suer 30mg/5ml	Preferred	OTC
HYCODAN SYP 5-1.5/5	Preferred	QL (30 mL every 1 day); AGE (Min 18)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)	Preferred	QL (30 mL every 1 day); AGE (Min 18)
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	Preferred	OTC
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	Preferred	OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	Preferred	OTC
COLD & ALLER LIQ CHILDREN	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dextromethorphan-doxylamine-apap cap 15-6.25-325 mg	Preferred	OTC
dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml	Preferred	OTC
dextromethorphan-guaifenesin liquid 5-100 mg/5ml	Preferred	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	Preferred	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Preferred	OTC; AGE (Min 12)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	Preferred	OTC
dextromethorphan-phenylephrine-apap cap 10-5-325 mg	Preferred	OTC
ED BRON GP LIQ	Preferred	OTC
guaifenesin-codeine soln 100-10 mg/5ml	Preferred	OTC; AGE (Min 12)
LOHIST-D LIQ	Preferred	OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg	Preferred	OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg	Preferred	OTC
MUCINEX D TAB 60-600MG	Preferred	OTC
MUCINEX DM TAB 30-600ER	Preferred	OTC
phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml	Preferred	OTC
phenylephrine-dm soln 2.5-5 mg/5ml	Preferred	OTC
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Preferred	
pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml	Preferred	OTC
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	Preferred	OTC
pseudoephedrine-ibuprofen tab 30-200 mg	Preferred	OTC
QC DIBROMM LIQ COLD/ALL	Preferred	OTC
SM CLD/ALLER LIQ CHILDREN	Preferred	OTC
TRIACTING SYP 5-2.5MG	Preferred	OTC
TUSNEL C SYP	Preferred	OTC
<b>EXPECTORANTS</b>		
guaifenesin liqd 100mg/5ml, 200mg/10ml, 400mg/20ml	Preferred	OTC; AGE (Min 6)
guaifenesin tb12 600mg, 1200mg	Preferred	OTC; AGE (Min 12)
MUCINEX TB12 600MG	Preferred	OTC; AGE (Min 12)
MUCINEX MAXIMUM STRENGTH TB12 1200MG	Preferred	OTC; AGE (Min 12)
potassium iodide (expectorant) soln 1gm/ml	Preferred	
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride (inhalant) nebu .9%, 3%, 10%	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MUCOLYTICS</b>		
<i>acetylcysteine soln 10%, 20%</i>	Preferred	
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS</b>		
<b>ACNE PRODUCTS</b>		
ACNE MEDICATION 5 LOTN 5%	Preferred	OTC
ACNE MEDICATION 10 LOTN 10%	Preferred	OTC
<i>benzoyl peroxide foam 10%; 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)
<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)
SOD SUL/SULF SUS 10-5%	Preferred	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Preferred	
<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)
<b>ANTIBIOTICS - TOPICAL</b>		
<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
<b>ANTIFUNGALS - TOPICAL</b>		
<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)
<i>miconazole nitrate (topical) aerp 2%; crea 2%; powd 2%</i>	Preferred	OTC
<i>nystatin (topical) crea 100000unit/gm</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
nystatin (topical) oint 100000unit/gm	Preferred	QL (1 gm every 1 day)
nystatin (topical) powd 100000unit/gm	Preferred	
terbinafine hcl (topical) crea 1%	Preferred	OTC
TINACTIN CREA 1%	Preferred	OTC
tolnaftate aero 1%; aerp 1%; crea 1%; powd 1%; soln 1%	Preferred	OTC
<b>ANTIHISTAMINES-TOPICAL</b>		
diphenhydramine-zinc acetate cream 2-0.1%	Preferred	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
LEVULAN KERASTICK SOLR 20%	Preferred	
TARGRETIN GEL 1%	Preferred	SP, QL (2 gm every 1 day)
<b>ANTIPRURITICS - TOPICAL</b>		
camphor & menthol lotion 0.5-0.5%	Preferred	OTC
<b>ANTIPSORIATICS</b>		
calcipotriene crea .005%; oint .005%	Preferred	
calcipotriene soln .005%	Preferred	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred-PA	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred-PA	SP, PA
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred-PA	SP, PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
OVACE PLUS WASH LIQD 10%	Preferred	
OVACE WASH LIQD 10%	Preferred	
pyrithione zinc sham 1%	Preferred	OTC
selenium sulfide lotn 1%; sham 1%	Preferred	OTC
selenium sulfide lotn 2.5%	Preferred	
sulfacetamide sodium liqd 10%	Preferred	
<b>BURN PRODUCTS</b>		
mafenide acetate (generic of SULFAMYLYON) PACK 5%	Preferred	QL (5 packets every 30 days)
silver sulfadiazine (generic of SILVADENE) CREA 1%	Preferred	
SULFAMYLYON CREA 85MG/GM	Preferred	QL (56 gm every 30 days)
<b>CORTICOSTEROIDS - TOPICAL</b>		
alclometasone dipropionate crea .05%; oint .05%	Preferred	QL (2 gm every 1 day)
betamethasone valerate crea .1%; oint .1%	Preferred	QL (4 gm every 1 day)
betamethasone valerate lotn .1%	Preferred	QL (4 mL every 1 day)
clobetasol propionate crea .05%; gel .05%; oint .05%	Preferred	QL (2 gm every 1 day)
clobetasol propionate soln .05%	Preferred	QL (51 mL every 30 days)
clobetasol propionate emollient base crea .05%	Preferred	QL (2 gm every 1 day)
desonide (generic of DESOWEN) CREA .05%	Preferred	QL (2 gm every 1 day)
desonide oint .05%	Preferred	QL (2 gm every 1 day)
diflorasone diacetate crea .05%; oint .05%	Preferred	QL (6 gm every 1 day)
fluocinolone acetonide crea .01%	Preferred	QL (2 gm every 1 day)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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-SMOOTH/FS BODY) OIL .01%		Preferred	QL (118.5 mL every 30 days)
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/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</i> .05%		Preferred	QL (4 gm every 1 day)
<i>fluocinonide gel</i> .05%; <i>oint</i> .05%		Preferred	QL (2 gm every 1 day)
<i>fluocinonide soln</i> .05%		Preferred	QL (2 mL every 1 day)
<i>fluocinonide emulsified base crea</i> .05%		Preferred	QL (4 gm every 1 day)
<i>fluticasone propionate crea</i> .05%; <i>oint</i> .005%		Preferred	
<i>halobetasol propionate crea</i> .05%; <i>oint</i> .05%		Preferred	QL (50.1 gm every 30 days)
<i>hydrocortisone (topical) crea</i> 1%, 2.5%; <i>oint</i> 2.5%		Preferred	
<i>hydrocortisone (topical) crea</i> .5%, 1%; <i>lotn</i> 1%; <i>oint</i> .5%		Preferred	OTC
<i>hydrocortisone (topical) lotn</i> 2.5%		Preferred	
<i>hydrocortisone (topical) oint</i> 1%		Preferred	QL (1 gm every 1 day)
<i>hydrocortisone (topical) oint</i> 1%		Preferred	QL (1 gm every 1 day), OTC
<i>hydrocortisone acetate (topical) crea</i> 1%; <i>oint</i> 1%		Preferred	OTC
<i>hydrocortisone valerate crea</i> .2%; <i>oint</i> .2%		Preferred	QL (2 gm every 1 day)
<i>mometasone furoate crea</i> .1%; <i>oint</i> .1%		Preferred	
<i>mometasone furoate soln</i> .1%		Preferred	
<b>PRAMOSONE LOT</b> 2.5%		Preferred	
<i>triamcinolone acetonide (topical) crea</i> .1%		Preferred	QL (456 gm every 30 days)
<i>triamcinolone acetonide (topical) crea</i> .5%		Preferred	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) crea</i> .025%; <i>oint</i> .025%, .1%, .5%		Preferred	
<i>triamcinolone acetonide (topical) lotn</i> .025%, .1%		Preferred	

### **ECZEMA AGENTS**

DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	Preferred-PA SP, PA
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### **EMOLlient/KERATOLYTIC AGENTS**

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

### **EMOLLIENTS**

<i>lactic acid (ammonium lactate) lotn</i> 12%	Preferred
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### **IMMUNOMODULATING AGENTS - TOPICAL**

<i>imiquimod crea</i> 5%	Preferred	QL (2 packets every 1 day); AGE (Min 10)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CREA 1%	Preferred-PA	PA, QL (102 gm every 30 days)
pimecrolimus (generic of ELIDEL) CREA 1%	Preferred-PA	PA, QL (102 gm every 30 days)
tacrolimus (topical) oint .03%, .1%	Preferred-PA	PA, QL (100.2 gm every 30 days)
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX GEL .5%	Preferred	QL (7.5 gm every 30 days)
podofilox soln .5%	Preferred	QL (0.25 mL every 1 day)
salicylic acid gel 6%; liqd 27.5%	Preferred	
SALICYLIC ACID OINT 3%	Preferred	
<b>LINIMENTS</b>		
menthol-methyl salicylate cream	Preferred	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
capsaicin crea .025%, .075%, .1%	Preferred	OTC
dibucaine oint 1%	Preferred	OTC
lidocaine oint 5%	Preferred	QL (8 gm every 1 day)
lidocaine (generic of LIDODERM) PTCH 5%	Preferred	QL (3 packets every 1 day)
lidocaine (generic of LIDODERM) PTCH 5%	Preferred	QL (3 patches every 1 day)
lidocaine hcl crea 3%	Preferred	
lidocaine hcl prsy 2%	Preferred	QL (10 injections every 30 days)
lidocaine hcl prsy 2%	Preferred	QL (12 injections every 30 days)
lidocaine hcl prsy 2%	Preferred	QL (30 injections every 30 days)
lidocaine hcl soln 4%	Preferred	QL (51 mL every 30 days)
<b>MISC. TOPICAL</b>		
BALNEOL LOT	Preferred	OTC
isopropyl alcohol (skin cleanser) misc 70%	Preferred	OTC
skin protectants misc - cream	Preferred	OTC
zinc oxide (topical) oint 20%	Preferred	OTC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT 2%	Preferred-PA	PA
<b>ROSACEA AGENTS</b>		
metronidazole (topical) (generic of METROCREAM) CREA .75%	Preferred	
metronidazole (topical) (generic of METROGEL) GEL 1%	Preferred	
metronidazole (topical) gel .75%	Preferred	
metronidazole (topical) (generic of METROLOTION) LOTN .75%	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SCABICIDES &amp; PEDICULICIDES</b>		
NATROBA SUSP .9%	Preferred	
<i>permethrin crea 5%</i>	Preferred	QL (2 gm every 1 day)
<i>permethrin liqd 1%; lotn 1%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Preferred	OTC
<b>TAR PRODUCTS</b>		
coal tar extract sham .5%	Preferred	OTC
DHS TAR SHAM .5%	Preferred	OTC
DHS TAR GEL SHAM .5%	Preferred	OTC
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUTOL SOL	Preferred	OTC
<b>DIAGNOSTIC TESTS</b>		
BINAXNOW KIT COVID-19	Preferred	QL (8 kits every 23 days)
LUCIRA CHECK KIT COVID-19	Preferred	QL (8 kits every 23 days), OTC
ONETOUCH TES ULTRA	Preferred	QL (200 strips every 30 days), OTC
ONETOUCH TES VERIO	Preferred	QL (200 strips every 30 days), OTC
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>DIGESTIVE ENZYMES</b>		
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	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	Preferred	
<i>methazolamide tabs 25mg, 50mg</i>	Preferred	
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Preferred	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Preferred	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)	Preferred	
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	Preferred	
<b>LOOP DIURETICS</b>		
bumetanide tabs 1mg, 2mg	Preferred	
bumetanide (generic of BUMEX) TABS .5mg	Preferred	
ethacrynic acid (generic of EDECRIN) TABS 25mg	Preferred	
furosemide soln 10mg/ml	Preferred	
furosemide soln 10mg/ml, 40mg/5ml	Preferred	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	Preferred	
torsemide tabs 5mg, 10mg, 20mg, 100mg	Preferred	
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride hcl tabs 5mg	Preferred	
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Preferred	
triamterene (generic of DYRENIUM) CAPS 50mg, 100mg	Preferred	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorthalidone tabs 25mg, 50mg	Preferred	
DIURIL SUSP 250MG/5ML	Preferred	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	Preferred	
indapamide tabs 1.25mg, 2.5mg	Preferred	
metolazone tabs 2.5mg, 5mg, 10mg	Preferred	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES</b>		
<b>BONE DENSITY REGULATORS</b>		
alendronate sodium soln 70mg/75ml	Preferred	QL (75 mL every7 days)
alendronate sodium tabs 10mg, 35mg	Preferred	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Preferred	
calcitonin (salmon) soln 200unit/act	Preferred	
calcitonin (salmon) (generic of MIACALCIN) SOLN 200unit/ml	Preferred	
MIACALCIN SOLN 200UNIT/ML	Preferred	
<b>CORTICOTROPIN</b>		
ACTHAR GEL 80UNIT/ML	Preferred	
CORTROPHIN GEL 80UNIT/ML	Preferred	
<b>GNRH/LHRH ANTAGONISTS</b>		
ORILISSA TABS 150MG, 200MG	Preferred-PA	PA
<b>GROWTH HORMONES</b>		
GENOTROPIN CART 5MG, 12MG	Preferred-PA	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, Preferred-PA SP, PA .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG		
<b>METABOLIC MODIFIERS</b>		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	Preferred	
carglumic acid (generic of CARBAGLU) TBSO 200mg	Preferred-PA	SP
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	Preferred	
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	Preferred	SP
nitisinone caps 20mg	Preferred	
ORFADIN CAPS 2MG, 5MG, 10MG	Preferred	SP
ORFADIN CAPS 20MG	Preferred	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TABS 10MG, 20MG	Preferred-PA	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	Preferred	
desmopressin acetate spray soln .01%	Preferred	
desmopressin acetate spray refrigerated soln .1mg/ml	Preferred	
<b>PROLACTIN INHIBITORS</b>		
cabergoline tabs .5mg	Preferred	
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<b>ESTROGEN COMBINATIONS</b>		
COMBIPATCH DIS	Preferred	QL (2 patches every 7 days)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	Preferred	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	Preferred	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Preferred	
estradiol & norethindrone acetate tab 1-0.5 mg	Preferred	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	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	

Drug Name	Drug Tier	Requirements/Limits
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
estradiol (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Preferred	QL (8 patches every 28 days)
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Preferred	QL (8 patches every 28 days)
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Preferred	QL (1 patch every 7 days)
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	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		
BAXDELA SOLR 300MG	Preferred	
ciprofloxacin 200 mg/100ml in d5w	Preferred	
ciprofloxacin 400 mg/200ml in d5w	Preferred	
ciprofloxacin hcl tabs 100mg, 750mg	Preferred	AGE (Min 16)
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	Preferred	AGE (Min 16)
levofloxacin soln 25mg/ml	Preferred	
levofloxacin soln 25mg/ml; tabs 500mg	Preferred	AGE (Min 16)
levofloxacin (generic of LEVAQUIN) TABS 250mg, 750mg	Preferred	AGE (Min 16)
levofloxacin in d5w iv soln 250 mg/50ml	Preferred	
levofloxacin in d5w iv soln 500 mg/100ml	Preferred	
levofloxacin in d5w iv soln 750 mg/150ml	Preferred	
moxifloxacin hcl tabs 400mg	Preferred	AGE (Min 16)
MOXIFLOXACIN HYDROCHLORID SOLN 400MG/250ML	Preferred	

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

ANTIFLATULENTS		
simethicone chew 80mg; susp 20mg/0.3ml, 40mg/0.6ml	Preferred	OTC
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol caps 300mg	Preferred	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	Preferred	
<i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i>	Preferred	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium (generic of COLAZAL) CAPS 750mg</i>	Preferred	
<i>CIMZIA PSKT 200MG/ML</i>	Preferred-PA SP, PA	
<i>CIMZIA STARTER KIT PSKT 200MG/ML</i>	Preferred-PA SP, PA	
<i>mesalamine 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	
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	Preferred	AGE (Max 20)
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Preferred	
<i>FOSRENOL PACK 750MG, 1000MG</i>	Preferred	
<i>lanthanum carbonate (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg</i>	Preferred	
<i>sevelamer carbonate (generic of RENVELA) TABS 800mg</i>	Preferred	
<i>sevelamer hcl tabs 400mg</i>	Preferred	
<i>sevelamer hcl (generic of RENAGEL) TABS 800mg</i>	Preferred	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>ALKALINIZERS</b>		
<i>ORACIT SOL</i>	Preferred	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Preferred	
<b>CYSTINOSIS AGENTS</b>		
<i>CYSTAGON CAPS 50MG, 150MG</i>	Preferred	SP
<b>GENITOURINARY IRRIGANTS</b>		
<i>glycine (gu irrigant) soln 1.5%</i>	Preferred	
<i>sodium chloride (gu irrigant) soln .9%</i>	Preferred	
<b>PROSTATIC HYPERSTROPHY AGENTS</b>		
<i>alfuzosin hcl (generic of UROXATRAL) TB24 10mg</i>	Preferred	
<i>finasteride (generic of PROSCAR) TABS 5mg</i>	Preferred	
<i>tamsulosin hcl (generic of FLOMAX) CAPS .4mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URINARY ANALGESICS</b>		
<u>phenazopyridine hcl tabs 100mg, 200mg</u>	Preferred	
<b>GOOT AGENTS - DRUGS TO TREAT GOOT</b>		
<b>GOOT AGENT COMBINATIONS</b>		
<u>colchicine w/ probenecid tab 0.5-500 mg</u>	Preferred	
<b>GOOT AGENTS - DRUGS TO TREAT GOOT</b>		
<u>allopurinol tabs 100mg, 300mg</u>	Preferred	
<u>ALLOPURINOL TABS 200MG</u>	Preferred	
<b>URICOSURICS</b>		
<u>probenecid tabs 500mg</u>	Preferred	
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
<u>ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT</u>	Preferred-PA	SP, PA
<u>ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT</u>	Preferred-PA	SP, PA
<u>AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT</u>	Preferred-PA	SP, PA
<u>ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT</u>	Preferred-PA	SP, PA
<u>ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT</u>	Preferred-PA	SP, PA
<u>ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT</u>	Preferred-PA	SP, PA
<u>BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT</u>	Preferred-PA	SP, PA
<u>COAGADEX SOLR 250UNIT, 500UNIT</u>	Preferred-PA	SP, PA
<u>CORIFACT KIT 1000-1600UNIT</u>	Preferred-PA	SP, PA
<u>ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT</u>	Preferred-PA	SP, PA
<u>ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT</u>	Preferred-PA	SP, PA
<u>FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT</u>	Preferred-PA	SP, PA
<u>FIBRYGA INJ 1GM</u>	Preferred	SP
<u>HEMLIBRA SOLN 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML</u>	Preferred-PA	SP, PA
<u>HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT</u>	Preferred-PA	SP, PA
<u>HUMATE-P SOL 250-600</u>	Preferred-PA	SP, PA
<u>HUMATE-P SOL 500-1200</u>	Preferred-PA	SP, PA
<u>HUMATE-P SOL 2400UNIT</u>	Preferred-PA	SP, PA
<u>IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT</u>	Preferred-PA	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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
RIASTAP SOL 1GM	Preferred	SP
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
SEVENFACT SOLR 1MG, 5MG	Preferred	SP
SEVENFACT SOLR 1MG, 5MG	Preferred-PA	SP, PA
TRETEN 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
<b>COMPLEMENT INHIBITORS</b>		
BERINERT KIT 500UNIT	Preferred-PA	SP, PA
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline tbcr 400mg	Preferred	
<b>PLATELET AGGREGATION INHIBITORS</b>		
anagrelide hcl caps 1mg	Preferred	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Preferred	
aspirin-dipyridamole cap er 12hr 25-200 mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRILINTA TABS 60MG, 90MG	Preferred	QL (2 tabs every 1 day)
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	Preferred	
clopidogrel bisulfate tabs 300mg	Preferred	QL (4 tabs every 30 days)
dipyridamole tabs 25mg, 50mg, 75mg	Preferred	

## **HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS**

### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA CAPS 200MG, 300MG, 400MG	Preferred
ENDARI PACK 5GM	Preferred SP

### **COBALAMINS**

cyanocobalamin soln 1000mcg/ml	Preferred
cyanocobalamin tabs 1000mcg	Preferred OTC

### **FOLIC ACID/FOLATES**

folic acid tabs 1mg	Preferred
folic acid tabs 400mcg	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
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### **IRON**

FEOSOL TABS 200MG	Preferred	OTC
FERROUS GLUCONATE TABS 324MG	Preferred	OTC
ferrous sulfate soln 15mg/ml, 220mg/5ml, 300mg/6.8ml; tabs 325mg; tbec 325mg	Preferred	OTC
FERROUS SULFATE TBEC 324MG	Preferred	OTC
ferrous sulfate dried tabs 200mg; tbcr 160mg	Preferred	OTC
IRON CHEWS PEDIATRIC CHEW 15MG	Preferred	OTC
polysaccharide iron complex caps 150mg	Preferred	OTC

### **STEM CELL MOBILIZERS**

MOZOBIL SOLN 24MG/1.2ML	Preferred
plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml	Preferred

## **HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMOSTATICS - SYSTEMIC**

aminocaproic acid tabs 500mg	Preferred
tranexamic acid tabs 650mg	Preferred

Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS</b>		

#### **ANTIHISTAMINE HYPNOTICS**

diphenhydramine hcl (sleep) caps 25mg, 50mg; tabs 25mg	Preferred	OTC
diphenhydramine-acetaminophen tab 25-500 mg (sleep)	Preferred	OTC
diphenhydramine-acetaminophen tab 38-500 mg (sleep)	Preferred	OTC
doxylamine succinate (sleep) tabs 25mg	Preferred	OTC

#### **BARBITURATE HYPNOTICS**

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

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

### **LAXATIVES - DRUGS TO TREAT CONSTIPATION**

#### **BULK LAXATIVES**

calcium polycarbophil tabs 625mg	Preferred	OTC
psyllium caps .52gm; powd 25%, 28.3%, 43%, 48.57%, 51.7%, 58.6%, 95%	Preferred	OTC

#### **LAXATIVE COMBINATIONS**

GOLYTELY SOL	Preferred
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Preferred
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Preferred
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Preferred
sennosides-docusate sodium tab 8.6-50 mg	Preferred    OTC
SENOKOT S TAB 8.6-50MG	Preferred    OTC

#### **LAXATIVES - MISCELLANEOUS**

glycerin (laxative) supp 2gm, 2.1gm, 80.7%	Preferred	OTC
GLYCERIN ADULT SUPP 2GM	Preferred	OTC
lactulose soln 10gm/15ml	Preferred	AGE (Max 20)
polyethylene glycol 3350 pack 17gm; powd 17gm/scoop	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SALINE LAXATIVES</b>		
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
<i>magnesium hydroxide susp 1200mg/15ml, 2400mg/30ml</i>	Preferred	OTC
<i>sodium phosphates - enema</i>	Preferred	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl supp 10mg; tbec 5mg</i>	Preferred	OTC
DULCOLAX SUPP 10MG; TBEC 5MG	Preferred	OTC
<i>sennosides caps 8.6mg; tabs 8.6mg, 25mg</i>	Preferred	OTC
SENOKOT TABS 8.6MG	Preferred	OTC
<b>SURFACTANT LAXATIVES</b>		
COLACE CAPS 100MG	Preferred	OTC
<i>docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg</i>	Preferred	OTC
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin pack 1gm; tabs 600mg</i>	Preferred	
<i>azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg</i>	Preferred	
ZITHROMAX PACK 1GM; SOLR 500MG	Preferred	
<b>CLARITHROMYCIN</b>		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	
<i>clarithromycin (generic of BIAXIN XL) TB24 500mg</i>	Preferred	
<b>ERYTHROMYCINS</b>		
E.E.S. GRANULES SUSR 200MG/5ML	Preferred	
ERYPED 200 SUSR 200MG/5ML	Preferred	
ERYPED 400 SUSR 400MG/5ML	Preferred	
ERYTHROCIN LACTOBIONATE SOLR 500MG	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 lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
erythromycin stearate tabs 250mg	Preferred	
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING</b>		
<b>AUDITORY SUPPLIES</b>		
CLEVER CHOIC MIS HEAR AID	Preferred	OTC
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
<b>BANDAGES-DRESSINGS-TAPE</b>		
KERLIX BANDG MIS 2-1/4"X9	Preferred	OTC
REALSIL-6 MIS	Preferred	
<b>BLOOD MONITORING SUPPLIES</b>		
ACCUTREND SOL CHOLEST	Preferred	OTC
<b>CONCEPTION ASSISTANCE SUPPLIES</b>		
CLEARBLUE MIS FERTILIT	Preferred	OTC
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
AIMSCO MIS LUBRICAT	Preferred	OTC
CAYA DPR	Preferred	
COLOR CONDOM MIS + LUBE	Preferred	OTC
CONDOMS MIS	Preferred	OTC
DUREX EXTRA MIS SENSITIV	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 SENSA MIS PLUS	Preferred	OTC
KIMONO SPEC MIS	Preferred	OTC
MAXX MIS LUBRICAT	Preferred	OTC
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	

#### **DIABETIC SUPPLIES**

DEXCOM G6 MIS RECEIVER	Preferred-PA PA
DEXCOM G6 MIS SENSOR	Preferred-PA PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G6 MIS TRANSMIT	Preferred-PA	PA
DEXCOM G7 MIS RECEIVER	Preferred-PA	PA
DEXCOM G7 MIS SENSOR	Preferred-PA	PA
FREESTY LIBR KIT 2 SENSOR	Preferred-PA	PA
FREESTY LIBR KIT 3 SENSOR	Preferred-PA	PA
FREESTY LIBR MIS 2 READER	Preferred-PA	PA
FREESTYLE KIT SENSOR	Preferred-PA	PA
FREESTYLE MIS READER	Preferred-PA	PA
LANCETS MIS	Preferred	OTC
OMNIPOD 5 G6 KIT INTRO	Preferred-PA	PA, QL (1 kit every year)
OMNIPOD 5 G6 MIS PODS	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD DASH KIT INTRO	Preferred-PA	PA, QL (1 kit every year)
OMNIPOD DASH KIT PDM	Preferred-PA	PA
OMNIPOD DASH MIS PODS	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD MIS CLASSIC	Preferred-PA	PA, QL (15 boxes every 30 days)
ONETOUCH KIT ULTRA 2	Preferred	OTC
ONETOUCH KIT VERIO FL	Preferred	OTC
<b>ELASTIC BANDAGES &amp; SUPPORTS</b>		
COMFRONT SOCKS MIS MEDIUM	Preferred	OTC
GNP HINGE MIS KNEE BRA	Preferred	OTC
GNP PLANTAR MIS FASCIITI	Preferred	OTC
GNP STOCKING MIS 2XL	Preferred	OTC
GNP STOCKING MIS 3XL	Preferred	OTC
NAT RUBBER MIS STOCKING	Preferred	
PRO COMFORT MIS KNEE BRA	Preferred	OTC
SKINEEZ SKIN-REPARATIVE A MISC .01%	Preferred	OTC
SKINEEZ SKIN-REPARATIVE C MISC .01%	Preferred	OTC
SKINEEZ SKIN-REPARATIVE F MISC .01%	Preferred	OTC
SKINEEZ SKIN-REPARATIVE W MISC .01%	Preferred	OTC
SKINEEZ TED ANTI-EMBOLISM MISC .01%	Preferred	
SKINEEZ TED ANTI-EMBOLISM MISC .01%	Preferred	OTC
WRIST SUPPOR MIS NIGHT	Preferred	OTC
<b>FIRST AID KITS</b>		
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
GNP FIRST KIT AID	Preferred	OTC
RA FIRST AID KIT ALL PURP	Preferred	OTC
<b>FOOT CARE PRODUCTS</b>		
CVS FOOT FLE PAK CONTOUR	Preferred	OTC
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
APOGEE IC MIS 14FR/16"	Preferred	
DEPEND FRESH MIS PROTECT	Preferred	OTC
HM UNDERWEAR MIS WOMEN-L	Preferred	OTC
POISE PAD MAXIMUM	Preferred	OTC
SIMPLICITY MIS BRIEFS	Preferred	OTC
<b>HEATING/COOLING AIDS</b>		
GNP ICE BAG MIS GEL BEAD	Preferred	OTC
<b>IMPOTENCE AIDS</b>		
RAPPORT RLS KIT	Preferred	
RAPPORT VTD KIT	Preferred	
<b>MISC. DEVICES</b>		
ALCOHOL PREP PAD	Preferred	OTC
AMIELLE VAG MIS TRAINER	Preferred	OTC
BD ORAL SYRG MIS 5ML	Preferred	OTC
CUT N' CRUSH MIS EZY DOSE	Preferred	OTC
EZ DOSE ADLT MIS -LOCK	Preferred	OTC
EZY DOSE DLX MIS PILL CUT	Preferred	OTC
EZY DOSE PIL MIS CUTTER	Preferred	OTC
GNP ASSORTED MIS COMBS	Preferred	OTC
GNP TWEEZERS MIS SLANT	Preferred	OTC
NIGHTGUARD MIS ADVANCED	Preferred	OTC
PONS MIS MOUTHPIE	Preferred	
PONS SYSTEM MIS	Preferred	
RECONSTITUBE MIS	Preferred	OTC
SAVI MIS	Preferred	
SILCONE EAR MIS PLUGS	Preferred	OTC
SOL-M ORAL MIS 1ML SYR	Preferred	OTC
UNODOSE APPL MIS GREEN	Preferred	OTC
UNODOSE APPL MIS GREY	Preferred	OTC
UNODOSE APPL MIS PINK	Preferred	OTC
UNODOSE APPL MIS PURPLE	Preferred	OTC
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
B&L ACCESSOR MIS LEN CASE	Preferred	OTC
CLEAN CLOTHS MIS MICROFIB	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
EYEGLASS KIT SCREWDR	Preferred	OTC
EYEGLASS 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 EYEGLASS	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
<b>ORAL HYGIENE PRODUCTS</b>		
BRUSHPICKS MIS TOOTHPIC	Preferred	OTC
CREST T/P PST MINT	Preferred	OTC
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN SYRG MIS 0.3/29G	Preferred	OTC
INSULIN SYRG MIS 0.3/30G	Preferred	OTC
INSULIN SYRG MIS 0.3/31G	Preferred	OTC
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
PEN NEEDLES MIS 29GX12.7	Preferred	OTC
PEN NEEDLES MIS 29GX12MM	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>RESPIRATORY AIDS</b>		
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
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	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PARI BBY NEB MIS SET	Preferred	
<b>SURGICAL SUPPLIES</b>		
PREVELEAK MIS SRG SEAL	Preferred	
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	Preferred-PA	PA
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred-PA	PA
EMGALITY SOSY 120MG/ML	Preferred-PA	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NURTEC TBDP 75MG	Preferred-PA	PA
QULIPTA TABS 10MG, 30MG, 60MG	Preferred-PA	PA
UBRELVY TABS 50MG, 100MG	Preferred-PA	PA
<b>MIGRAINE COMBINATIONS</b>		
ergotamine w/ caffeine suppos 2-100 mg	Preferred	QL (5 supp every 7 days)
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
dihydroergotamine mesylate soln 1mg/ml	Preferred	QL (10 ampules every 30 days)
<b>SEROTONIN AGONISTS</b>		
rizatriptan benzoate tabs 5mg; tbdp 5mg	Preferred	QL (18 tabs every 30 days)
rizatriptan benzoate (generic of MAXALT) TABS 10mg	Preferred	QL (18 tabs every 30 days)
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg	Preferred	QL (18 tabs every 30 days)
sumatriptan (generic of IMITREX) SOLN 5mg/act, 20mg/act	Preferred	QL (6 mL every 15 days)
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml	Preferred	QL (1 mL every 14 days)
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml	Preferred	QL (1 mL every 14 days)
sumatriptan succinate soln 6mg/0.5ml	Preferred	QL (6 mL every 28 days)
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg	Preferred	QL (3 mL every 5 days)
sumatriptan succinate (generic of IMITREX) TABS 100mg	Preferred	QL (9 tabs every 30 days)
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION</b>		
<b>CALCIUM</b>		
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	Preferred	OTC
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	Preferred	OTC
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	Preferred	OTC
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)	Preferred	OTC
calcium carb-vit d w/ minerals tabs 600 mg-400 unit	Preferred	OTC
calcium carbonate tabs 600mg	Preferred	OTC
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	Preferred	OTC
oyster shell tabs 500mg	Preferred	OTC
<b>ELECTROLYTE MIXTURES</b>		
kcl 20 meq/l (0.149%) in nacl 0.9% inj	Preferred	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	Preferred	
<b>FLUORIDE</b>		
sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml	Preferred	
<b>MAGNESIUM</b>		
magnesium oxide (mg supplement) tabs 400mg	Preferred	OTC
<b>MINERAL COMBINATIONS</b>		
multiple minerals w/ vitamins tab	Preferred	OTC
<b>PHOSPHATE</b>		
K-PHOS TAB NEUTRAL	Preferred	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	Preferred	
<b>POTASSIUM</b>		
K-TAB TBCR 20MEQ	Preferred	
potassium bicarbonate tbef 25meq	Preferred	
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%; tbcr 8meq, 10meq	Preferred	
potassium chloride (generic of K-TAB) TBCR 20meq	Preferred	
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	Preferred	
<b>SODIUM</b>		
sodium chloride soln .9%, 3%	Preferred	
sodium chloride flush soln .9%	Preferred	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
DEPEN TITRATABS TABS 250MG	Preferred	SP
penicillamine (generic of CUPRIMINE) CAPS 250mg	Preferred	SP
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Preferred	SP
trientine hcl (generic of SYPRINE) CAPS 250mg	Preferred	SP
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine (generic of IMURAN) TABS 50mg	Preferred	
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Preferred	
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Preferred	
cyclosporine modified (for microemulsion) caps 50mg	Preferred	
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; SUSR 200mg/ml; TABS 500mg	Preferred	
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANDIMMUNE SOLN 100MG/ML	Preferred	
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Preferred	
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Preferred	
<b>IRRIGATION SOLUTIONS</b>		
water for irrigation, sterile irrigation soln	Preferred	
<b>POTASSIUM REMOVING AGENTS</b>		
sodium polystyrene sulfonate powd 100%	Preferred	
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine hcl (mouth-throat) soln 2%, 4%	Preferred	
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troc 10mg	Preferred	
nystatin (mouth-throat) susp 100000unit/ml	Preferred	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	Preferred	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
triamcinolone acetonide (mouth) pste .1%	Preferred	
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	Preferred	
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>B-COMPLEX VITAMINS</b>		
b-complex vitamin cap	Preferred	OTC
b-complex vitamin tab	Preferred	OTC
<b>B-COMPLEX W/ C</b>		
b-complex w/ c tab	Preferred	OTC
<b>B-COMPLEX W/ FOLIC ACID</b>		
b-complex w/ c & folic acid cap 1 mg	Preferred	
b-complex w/ c & folic acid tab 1 mg	Preferred	
b-complex w/ c & folic acid tab 1 mg	Preferred	OTC
b-complex w/ folic acid tab	Preferred	OTC
NEPHROCAPS CAP	Preferred	
<b>BIOFLAVONOID PRODUCTS</b>		
bioflavonoid products tab	Preferred	OTC
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
TM-DAILY TAB VITE	Preferred	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Preferred	OTC
<b>PED MV W/ FLUORIDE</b>		
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Preferred	
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	Preferred	OTC
<b>PRENATAL VITAMINS</b>		
COMPLETENATE CHW	Preferred	AGE (Min 10, Max 55)
M-NATAL PLUS TAB	Preferred	AGE (Min 10, Max 55)
NIVA-PLUS TAB	Preferred	AGE (Min 10, Max 55)
OB COMPLETE TAB	Preferred	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 PLUS	Preferred	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)
SE-NATAL 19 CHW	Preferred	AGE (Min 10, Max 55)
SE-NATAL 19 TAB	Preferred	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)
WESTAB PLUS TAB 27-1MG	Preferred	AGE (Min 10, Max 55)
<b>SPECIALTY VITAMINS PRODUCTS</b>		
<i>speciality vitamin product tab</i>	Preferred	
<b>VITAMINS W/ LIPOTROPICS</b>		
<i>vitamins w/ lipotropics tab</i>	Preferred	OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (generic of FLEQSVY) SUSP 25mg/5ml</i>	Preferred	
<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)
<i>tizanidine hcl (generic of ZANAFLEX) TABS 4mg</i>	Preferred	QL (9 tabs every 1 day)
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (generic of DANTRIUM) CAPS 25mg</i>	Preferred	
<i>dantrolene sodium caps 50mg, 100mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MUSCLE RELAXANT COMBINATIONS</b>		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Preferred	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	Preferred	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>		
<b>NASAL AGENTS - MISC.</b>		
OCEAN NASAL SPRAY SOLN .65%	Preferred	OTC
saline soln .65%	Preferred	OTC
<b>NASAL ANTIALLERGY</b>		
azelastine hcl soln .15%, 137mcg/spray	Preferred	QL (60 mL every 30 days)
cromolyn sodium (nasal) aers 5.2mg/act	Preferred	OTC
olopatadine hcl (nasal) soln .6%	Preferred	QL (31 gm every 30 days)
<b>NASAL STEROIDS</b>		
flunisolide (nasal) soln .025%	Preferred	QL (25 gm every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	Preferred	QL (16 gm every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	Preferred	QL (16 gm every 30 days), OTC
triamcinolone acetonide (nasal) aero 55mcg/act	Preferred	OTC
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
AFRIN NODRIP ORIGINAL SOLN .05%	Preferred	OTC
oxymetazoline hcl soln .05%	Preferred	OTC
phenylephrine hcl (oral) tabs 10mg	Preferred	OTC
pseudoephedrine hcl tabs 30mg, 60mg; tb12 120mg	Preferred	OTC
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES</b>		
<b>ALS AGENTS</b>		
riluzole (generic of RILUTEK) TABS 50mg	Preferred	
<b>NUTRIENTS - DRUGS FOR NUTRITION</b>		
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
omega-3 fatty acids cap 500 mg	Preferred	OTC
omega-3 fatty acids cap 1000 mg	Preferred	OTC
omega-3 fatty acids cap 1200 mg	Preferred	OTC
<b>PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS</b>		
KABIVEN EMU	Preferred	
PERIKABIVEN EMU	Preferred	
<b>PROTEINS</b>		
amino acid infusion 15%	Preferred	
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
artificial tear ophth solution	Preferred	OTC
BION TEARS SOL 0.1-0.3%	Preferred	OTC
GENTEAL TEAR SOL MOD PF	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENTEAL TEAR SOL PF	Preferred	OTC
LACRISERT INST 5MG	Preferred	
white petrolatum-mineral oil ophth ointment	Preferred	OTC
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
betaxolol hcl (ophth) soln .5%	Preferred	
carteolol hcl (ophth) soln 1%	Preferred	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	Preferred	
levobunolol hcl soln .5%	Preferred	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	Preferred	
timolol maleate (ophth) (generic of ISTALOL) SOLN .5%	Preferred	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE SOLN 1%	Preferred	
atropine sulfate (ophthalmic) oint 1%	Preferred	
atropine sulfate (ophthalmic) soln 1%	Preferred	
CYCLOMYDRIL SOL OP	Preferred	
cyclopentolate hcl (generic of CYCLOGYL) SOLN 1%	Preferred	
tropicamide (generic of MYDRIACYL) SOLN 1%	Preferred	
tropicamide soln .5%	Preferred	
<b>MIOTICS</b>		
pilocarpine hcl soln 1%, 2%, 4%	Preferred	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOLN .1%, .15%	Preferred	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%	Preferred	
brimonidine tartrate soln .2%	Preferred	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
bacitracin (ophthalmic) oint 500unit/gm	Preferred	
bacitracin-polymyxin b ophth oint	Preferred	
CILOXAN OINT .3%	Preferred	
ciprofloxacin hcl (ophth) soln .3%	Preferred	
erythromycin (ophth) oint 5mg/gm	Preferred	
gentamicin sulfate (ophth) soln .3%	Preferred	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin	Preferred	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Preferred	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Preferred	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sulfacetamide sodium (ophth) oint 10%	Preferred	
sulfacetamide sodium (ophth) soln 10%	Preferred	
tobramycin (ophth) soln .3%	Preferred	
TOBREX OINT .3%	Preferred	
trifluridine soln 1%	Preferred	
ZIRGAN GEL .15%	Preferred	
<b>OPHTHALMIC DECONGESTANTS</b>		
NAPHCON-A SOL OP	Preferred	OTC
tetrahydrozoline hcl (ophth) soln .05%	Preferred	OTC
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUSP .2%	Preferred	QL (10 mL every 14 days)
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Preferred	
dexamethasone sodium phosphate (ophth) soln .1%	Preferred	QL (15 mL every 14 days)
FLAREX SUSP .1%	Preferred	QL (15 mL every 14 days)
fluorometholone (ophth) susp .1%	Preferred	
FML FORTE SUSP .25%	Preferred	QL (10 mL every 14 days)
loteprednol etabonate (generic of LOTEMAX) SUSP .5%	Preferred	QL (20 mL every 14 days)
MAXIDEX SUSP .1%	Preferred	QL (25 mL every 14 days)
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Preferred	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Preferred	
neomycin-polymyxin-hc ophth susp	Preferred	
PRED MILD SUSP .12%	Preferred	QL (20 mL every 14 days)
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Preferred	QL (20 mL every 14 days)
PREDNISOLONE SODIUM PHOSP SOLN 1%	Preferred	QL (20 mL every 30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1%	Preferred	
<b>OPHTHALMICS - MISC.</b>		
azelastine hcl (ophth) soln .05%	Preferred	QL (12 mL every 30 days)
cromolyn sodium (ophth) soln 4%	Preferred	QL (50 mL every 30 days)
diclofenac sodium (ophth) soln .1%	Preferred	QL (10 mL every 14 days)
dorzolamide hcl soln 2%	Preferred	
flurbiprofen sodium soln .03%	Preferred	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	Preferred	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Preferred	QL (20 mL every 30 days)
ketotifen fumarate (ophth) soln .035%	Preferred	OTC
ophthalmic irrigation solution soln 99.05%	Preferred	OTC
ZADITOR SOLN .035%	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>latanoprost (generic of XALATAN) SOLN .005%</i>	Preferred	
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid (otic) soln 2%</i>	Preferred	
<i>carbamide peroxide (otic) soln 6.5%</i>	Preferred	OTC
<b>OTIC ANTI-INFECTIVES</b>		
<i>ofloxacin (otic) soln .3%</i>	Preferred	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Preferred	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Preferred	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred	
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<i>methylergonovine maleate tabs .2mg</i>	Preferred	QL (0.933 tabs every 1 day)
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS</b>		
<b>ANTITOXINS-ANTIVENINS</b>		
<i>ANTIVENIN KIT LAT MACT</i>	Preferred	
<i>ANTIVENIN NA INJ CORAL SN</i>	Preferred	
<b>IMMUNE SERUMS</b>		
<i>CUVITRU SOLN 10GM/50ML</i>	Preferred	
<i>HEPAGAM B SOLN 312UNIT/ML</i>	Preferred	
<i>HIZENTRA SOLN 10GM/50ML</i>	Preferred	
<i>HYPERRAB SOLN 300UNIT/ML, 900UNIT/3ML, 1500UNIT/5ML</i>	Preferred	
<i>HYPERRHO S/D SOSY 1500UNIT</i>	Preferred	
<i>KEDRAB SOLN 300UNIT/2ML, 1500UNIT/10ML</i>	Preferred	
<i>RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT</i>	Preferred	
<i>VARIZIG SOLN 125UNIT/1.2ML</i>	Preferred	
<i>XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML</i>	Preferred	
<b>MONOCLONAL ANTIBODIES</b>		
<i>SYNAGIS SOLN 50MG/0.5ML, 100MG/ML</i>	Preferred	
<i>ZINPLAVA SOLN 1000MG/40ML</i>	Preferred	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Preferred	
<i>ampicillin caps 500mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Preferred	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	Preferred	
PEN GK/DEXTR INJ 20000/ML	Preferred	
PEN GK/DEXTR INJ 40000/ML	Preferred	
PEN GK/DEXTR INJ 60000/ML	Preferred	
penicillin g potassium solr 5000000unit, 20000000unit	Preferred	
penicillin g sodium solr 5000000unit	Preferred	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred	
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin & k clavulanate chew tab 200-28.5 mg	Preferred	
amoxicillin & k clavulanate chew tab 400-57 mg	Preferred	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Preferred	
amoxicillin & k clavulanate tab 250-125 mg	Preferred	
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	Preferred	
amoxicillin & k clavulanate tab 875-125 mg	Preferred	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Preferred	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	Preferred	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	Preferred	
AUGMENTIN SUS 125/5ML	Preferred	QL (5 mL every 1 day)
BICILLIN C-R INJ 900/300	Preferred	
BICILLIN C-R INJ 1200000	Preferred	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Preferred	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Preferred	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Preferred	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Preferred	
UNASYN INJ 1.5GM	Preferred	
UNASYN INJ 3GM	Preferred	
UNASYN INJ 15GM	Preferred	
ZOSYN SOL 2-0.25GM	Preferred	
ZOSYN SOL 3-0.375G	Preferred	
ZOSYN SOL 4-0.5GM	Preferred	
ZOSYN SOL 4-0.50GM	Preferred	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin sodium caps 250mg, 500mg	Preferred	
NAFCILLIN INJ 1GM/50ML	Preferred	
NAFCILLIN INJ 2GM/100	Preferred	
nafcillin sodium solr 1gm, 2gm, 10gm	Preferred	
OXACILLIN INJ 1GM	Preferred	
OXACILLIN INJ 2GM	Preferred	
oxacillin sodium solr 1gm, 2gm, 10gm	Preferred	
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Preferred	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	Preferred	
progesterone oil 50mg/ml	Preferred	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
acamprosate calcium tbec 333mg	Preferred	
disulfiram tabs 250mg, 500mg	Preferred	
LUCEMYRA TABS .18MG	Preferred	
<b>ANTIDEMENTIA AGENTS</b>		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg	Preferred	
donepezil hydrochloride tbdp 5mg, 10mg	Preferred	
memantine hcl (generic of NAMENDA) TABS 5mg, 10mg	Preferred	QL (2 tabs every 1 day)
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	Preferred	
chlordiazepoxide-amitriptyline tab 10-25 mg	Preferred	
perphenazine-amitriptyline tab 2-10 mg	Preferred	
perphenazine-amitriptyline tab 2-25 mg	Preferred	
perphenazine-amitriptyline tab 4-10 mg	Preferred	
perphenazine-amitriptyline tab 4-25 mg	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Preferred	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON KIT .3MG	Preferred	SP
COPAXONE SOSY 20MG/ML, 40MG/ML	Preferred	SP
GILENYA CAPS .5MG	Preferred-PA	SP, PA
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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<i>ergoloid mesylates tabs 1mg</i>	Preferred	
<i>pimozide tabs 1mg, 2mg</i>	Preferred	
<b>SMOKING DETERRENTS</b>		
<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 30 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 &amp; 42 x 1 mg start pack</i>	Preferred	QL (2 tabs every 1 day)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
ONPATTRO SOLN 10MG/5ML	Preferred	
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME SOLN 2.5MG/2.5ML	Preferred	SP
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>sulfadiazine tabs 500mg</i>	Preferred	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOMETHYLCYCCLINES</b>		
NUZYRA SOLR 100MG	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FLUOROCYCCLINES</b>		
XERAVA SOLR 50MG	Preferred	
<b>GLYCYLCYCCLINES</b>		
TIGECYCLINE SOLR 50MG	Preferred	
tigecycline (generic of TYGACIL) SOLR 50mg	Preferred	
TYGACIL SOLR 50MG	Preferred	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
demeclocycline hcl tabs 150mg, 300mg	Preferred	
doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg	Preferred	QL (2 caps every 1 day)
doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml	Preferred	
doxycycline (monohydrate) tabs 50mg, 75mg, 100mg, 150mg	Preferred	QL (2 tabs every 1 day)
doxycycline hyclate caps 50mg	Preferred	QL (2 caps every 1 day)
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	Preferred	QL (2 caps every 1 day)
doxycycline hyclate solr 100mg; tabs 20mg	Preferred	
doxycycline hyclate tabs 50mg	Preferred	QL (4 tabs every 1 day)
doxycycline hyclate tabs 75mg, 100mg, 150mg	Preferred	QL (2 tabs every 1 day)
MINOCIN SOLR 100MG	Preferred	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	Preferred	
tetracycline hcl caps 250mg, 500mg	Preferred	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tabs 5mg, 10mg	Preferred	
propylthiouracil tabs 50mg	Preferred	
<b>THYROID HORMONES</b>		
ADTHYZA TABS 16.25MG, 32.5MG, 65MG, 97.5MG, 130MG	Preferred	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
ARMOUR THYROID TABS 180MG, 240MG, 300MG	Preferred	
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Preferred	QL (2 tabs every 1 day)
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Preferred	
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
NP THYROID 15 TABS 15MG	Preferred	
NP THYROID 30 TABS 30MG	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NP THYROID 60 TABS 60MG	Preferred	
NP THYROID 90 TABS 90MG	Preferred	
NP THYROID 120 TABS 120MG	Preferred	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 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

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID**

### **ANTISPASMODICS**

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

### **H-2 ANTAGONISTS**

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

### **MISC. ANTI-ULCER**

CARAFATE SUSP 1GM/10ML	Preferred
sucralfate (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROTON PUMP INHIBITORS</b>		
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg	Preferred	AGE (Max 10)
<i>omeprazole cpdr</i> 10mg, 20mg, 40mg	Preferred	AGE (Max 20)
<i>omeprazole tbec</i> 20mg	Preferred	OTC; AGE (Max 20)
<i>omeprazole magnesium tbec</i> 20mg	Preferred	OTC; AGE (Max 20)
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Preferred	AGE (Max 20)
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Preferred	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>oxybutynin chloride soln</i> 5mg/5ml; tabs 2.5mg, 5mg; tb24 5mg, 10mg, 15mg	Preferred	
<i>solifenacine succinate</i> (generic of VESICARE) TABS 5mg, 10mg	Preferred	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i> tabs 5mg, 10mg, 25mg, 50mg	Preferred	
<b>VACCINES - DRUGS TO PREVENT INFECTIONS</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB INJ	Preferred	
BEXSERO INJ	Preferred	
BIOTHRAX INJ	Preferred	
HIBERNIX 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	
VAXCHORA SUS	Preferred	
VAXNEUVANCE INJ	Preferred	
VIVOTIF CAP EC	Preferred	
<b>VIRAL VACCINES</b>		
ABRYSVO SOLR 120MCG/0.5ML	Preferred	
AFLURIA QUAD INJ 2023-24	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AREXVY SUSR 120MCG/0.5ML	Preferred	
COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML	Preferred	
DENGVAXIA SUS	Preferred	
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	Preferred	
FLUAD QUADRI INJ 2023-24	Preferred	
FLUARIX QUAD INJ 2023-24	Preferred	
FLUBLOK QUAD INJ 2023-24	Preferred	
FLUCLVX QUAD INJ 2023-24	Preferred	
FLULALVAL QUA INJ 2023-24	Preferred	
FLUMIST QUAD SUS 2023-24	Preferred	
FLUZONE HD INJ 2023-24	Preferred	
FLUZONE QUAD INJ 2023-24	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	
M-M-R II INJ	Preferred	
MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML	Preferred	
NOVAVAX COVID-19 VACCINE/ SUSP 5MCG/0.5ML	Preferred	
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	Preferred	
PREHEVBRIOSUSP 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	
ROTAVERSE SOL	Preferred	
SHINGRIX SUSR 50MCG/0.5ML	Preferred	QL (2 injections in lifetime)
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	Preferred	
STAMARIL INJ	Preferred	
TWINRIX INJ	Preferred	
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	Preferred	
VARIVAX INJ 1350PFU/0.5ML	Preferred	
YF-VAX INJ	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUPP 100MG Preferred QL (3 supp every 30 days)		
<i>clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%</i>	Preferred	
<i>clotrimazole vaginal crea 1%, 2%</i>	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 &amp; 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	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
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI GEL	Preferred	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal (generic of ESTRACE) CREA .1mg/gm</i>	Preferred	
PREMARIN CREA .625MG/GM	Preferred	
<b>VAGINAL PROGESTINS</b>		
ENDOMETRIN INST 100MG	Preferred	
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q SOAJ .1MG/0.1ML	Preferred	
AUVI-Q SOAJ .3MG/0.3ML	Preferred	QL (4 pens every 365 days)
AUVI-Q SOAJ .15MG/0.15ML	Preferred	QL (2 pens every 365 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml</i>	Preferred	
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml</i>	Preferred	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	Preferred	
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
midodrine hcl tabs 2.5mg, 5mg, 10mg	Preferred	
<b>VITAMINS - DRUGS FOR NUTRITION</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>cholecalciferol caps 1.25mg, 50mcg, 5000unit, 50000unit; tabs 400unit, 1000unit</i>	Preferred	OTC
DRISDOL CAPS 50000UNIT	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ergocalciferol</i> (generic of DRISDOL) CAPS 1.25mg, 5000unit	Preferred	
<i>ergocalciferol soln 200mcg/ml, 8000unit/ml</i>	Preferred	OTC
<i>phytonadione tabs 5mg</i>	Preferred	
<i>vitamin e caps 180mg</i>	Preferred	OTC
<b>WATER SOLUBLE VITAMINS</b>		
<i>ascorbic acid chew 500mg; tabs 250mg, 500mg, 1000mg</i>	Preferred	OTC
<i>niacin cpcr 250mg; tabs 500mg</i>	Preferred	OTC
<i>NIACIN TR TBCR 1000MG</i>	Preferred	OTC
<i>pyridoxine hcl tabs 25mg, 100mg</i>	Preferred	OTC
<i>thiamine hcl tabs 100mg</i>	Preferred	OTC
<i>thiamine mononitrate tabs 100mg</i>	Preferred	OTC

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