



CountyCare Health Plan Medicaid Formulary

The Formulary is up to date through its effective date of April 1, 2026.

Please notify CountyCare Health Plan at:

CountyCarePharmacy@cookcountyhealth.org

or 312.864.8200 with any mistakes in the formulary.

Updated: 04/19/2026

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INTRODUCTION

We are pleased to provide the CountyCare 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 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 (AGE)

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 some 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 countycare.com. Medical necessity or formulary exception requests will be reviewed based on drug specific prior authorization criteria or standard non-formulary prescription request criteria.

LEGEND

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

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2026. All rights reserved. This document contains references to brand name prescriptions that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

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

AMPHETAMINES

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

ANALEPTICS

<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	Preferred	
CAFFEINE CITRATE SOLN 60MG/3ML	Preferred	
<i>caffeine citrate (generic of CAFFEINE CITRATE) soln 60mg/3ml</i>	Preferred	

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	Preferred	QL (4 caps every 1 day), AGE (Min 6)
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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl caps 40mg</i>	Preferred	QL (2 caps every 1 day), AGE (Min 6)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	Preferred	QL (1 cap every 1 day), AGE (Min 6)
<i>clonidine hcl (adhd) tb12 .1mg</i>	Preferred	QL (4 tabs every 1 day), AGE (Min 6, Max 18)
<i>guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 4mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 6, Max 18)
<i>guanfacine hcl (adhd) (generic of INTUNIV) tb24 3mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
ONYDA XR SUER .1MG/ML	Preferred-PA	PA, AGE (Min 6, Max 18)
QELBREE CP24 100MG, 150MG, 200MG	Preferred	AGE (Min 6, Max 18)

STIMULANTS - MISC.

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

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800BAU	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
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	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Preferred	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml</i>	Preferred	
KITABIS PAK NEBU 300MG/5ML	Preferred	SP
<i>neomycin sulfate tabs 500mg</i>	Preferred	
<i>streptomycin sulfate solr 1gm</i>	Preferred	
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 80mg/2ml; solr 1.2gm</i>	Preferred	
ZEMDRI SOLN 500MG/10ML	Preferred	

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-ADBM AJKT 40MG/0.4ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML	Preferred-PA	SP, PA
SIMLANDI PSKT 20MG/0.2ML, 40MG/0.4ML	Preferred-PA	SP, PA
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	Preferred-PA	SP, PA
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	Preferred-PA	SP, PA

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TB24 15MG, 30MG, 45MG	Preferred-PA	SP, PA
RINVOQ LQ SOLN 1MG/ML	Preferred-PA	SP, PA
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	Preferred-PA	SP, PA
XELJANZ XR TB24 11MG, 22MG	Preferred-PA	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib (generic of CELEBREX) caps 50mg, 100mg, 200mg, 400mg</i>	Preferred	
<i>diclofenac potassium tabs 50mg</i>	Preferred	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	Preferred	
<i>etodolac caps 200mg, 300mg; tabs 500mg; tb24 400mg, 500mg, 600mg</i>	Preferred	
<i>etodolac (generic of LODINE) tabs 400mg</i>	Preferred	
<i>flurbiprofen tabs 100mg</i>	Preferred	
<i>ibuprofen caps 200mg; chew 100mg; susp 50mg/1.25ml, 100mg/5ml, 200mg/10ml; tabs 200mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 100mg/5ml; tabs 300mg, 400mg, 600mg, 800mg</i>	Preferred	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg</i>	Preferred	
<i>indomethacin (generic of INDOCIN) susp 25mg/5ml</i>	Preferred	
<i>ketorolac tromethamine soln 30mg/ml, 60mg/2ml</i>	Preferred	
<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 susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	Preferred	
<i>naproxen sodium caps 220mg; tabs 220mg</i>	Preferred	OTC
<i>naproxen sodium tabs 275mg, 550mg</i>	Preferred	
<i>sulindac tabs 150mg, 200mg</i>	Preferred	

PYRIMIDINE SYNTHESIS INHIBITORS

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

ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	Preferred-PA	SP, PA
ENBREL MINI SOCT 50MG/ML	Preferred-PA	SP, PA
ENBREL SURECLICK SOAJ 50MG/ML	Preferred-PA	SP, PA

ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER

ANALGESIC COMBINATIONS

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

ANALGESICS OTHER

<i>acetaminophen caps 500mg; chew 80mg, 160mg; liqd 160mg/5ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg, 650mg; susp 160mg/5ml; tabs 325mg, 500mg</i>	Preferred	OTC
FEVERALL JUNIOR STRENGTH SUPP 325MG	Preferred	OTC

SALICYLATES

<i>aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg</i>	Preferred	OTC
ASPIRIN SUPP 300MG	Preferred	OTC
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Preferred	OTC

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

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

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

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred	PA, QL (150 mL every 1 day), AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred	PA, QL (6 tabs every 1 day), AGE (Min 18)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Preferred	PA, QL (6 caps every 1 day), AGE (Min 18)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred	PA, QL (184 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	Preferred	PA
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Preferred	PA, QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred	PA, QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred	PA, QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Preferred	PA
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Preferred	PA
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Preferred	PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)

OPIOID PARTIAL AGONISTS

BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	Preferred	
<i>buprenorphine hcl soln .3mg/ml</i>	Preferred	PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred	
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	Preferred	PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	Preferred	PA
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	

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
<i>hydrocortisone (intrarectal) (generic of CORTENEMA) enem 100mg/60ml</i>	Preferred	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Preferred	
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Preferred	OTC
<i>phenylephrine-mineral oil-petrolatum oint 0.25-14-74.9%</i>	Preferred	OTC
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</i>	Preferred	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine (rectal) oint 1%</i>	Preferred	OTC
PROCTOFOAM FOAM 1%	Preferred	OTC
RECTAL STEROIDS		
<i>hydrocortisone (rectal) crea 1%</i>	Preferred	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%</i>	Preferred	
<i>hydrocortisone acetate (rectal) supp 25mg</i>	Preferred	
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Preferred	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Preferred	OTC
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE SUSP 320MG/5ML	Preferred	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate (antacid) tabs 325mg, 650mg</i>	Preferred	OTC
ANTACIDS - CALCIUM SALTS		
CALCIUM CARBONATE SUSP 1250MG/5ML	Preferred	OTC
<i>calcium carbonate (antacid) chew 500mg</i>	Preferred	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tabs 400mg</i>	Preferred	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>praziquantel tabs 600mg</i>	Preferred	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole tabs 125mg, 250mg, 500mg</i>	Preferred	
NEBUPENT SOLR 300MG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate</i> (generic of NEBUPENT) <i>solr 300mg</i>	Preferred	
<i>trimethoprim tabs 100mg</i>	Preferred	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Preferred	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	Preferred	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i> (generic of MEPRON) <i>susp 750mg/5ml</i>	Preferred	
CARBAPENEMS		
<i>ertapenem sodium solr 1gm</i>	Preferred	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Preferred	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Preferred	
MEROP/NAACL INJ 1GM/50ML	Preferred	
MEROP/NAACL INJ 500/50ML	Preferred	
<i>meropenem solr 1gm, 500mg</i>	Preferred	
PRIMAXIN IV INJ 500MG	Preferred	
VABOMERE INJ 2GM(1-1)	Preferred	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate solr 1gm</i>	Preferred	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i> (generic of DAPTOMYCIN) <i>solr 350mg</i>	Preferred	
DAPTOMYCIN SOLR 350MG, 500MG	Preferred	
<i>daptomycin solr 500mg</i>	Preferred	
GLYCOPEPTIDES		
<i>dalbavancin hcl</i> (generic of DALVANCE) <i>solr 500mg</i>	Preferred	
DALVANCE SOLR 500MG	Preferred	
ORBACTIV SOLR 400MG	Preferred	
TYZAVAN SOLN 500MG/100ML, 750MG/150ML, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML	Preferred	
VANCOMYC/D5W INJ 1.25/250	Preferred	
VANCOMYC/D5W INJ 1GM	Preferred	
VANCOMYC/D5W INJ 500MG	Preferred	
VANCOMYC/D5W INJ 750MG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> (generic of VANCOCIN) caps 125mg	Preferred	QL (80 caps every 135 days)
<i>vancomycin hcl</i> (generic of VANCOCIN) caps 250mg	Preferred	QL (160 caps every 135 days)
<i>vancomycin hcl soln</i> 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; <i>solr</i> 1gm, 1.5gm, 5gm, 10gm, 500mg	Preferred	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) <i>solr</i> 1.25gm, 1.5gm, 750mg	Preferred	
<i>vancomycin hcl</i> (generic of FIRVANQ) <i>solr</i> 25mg/ml, 50mg/ml	Preferred	QL (1800 mL every 135 days)
<i>vancomycin hcl solr</i> 250mg/5ml	Preferred	QL (1800 mL every 135 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500MG/100ML; SOLR 1GM, 1.25GM, 1.5GM, 5GM, 10GM, 500MG, 750MG	Preferred	
VANCOMYCIN INJ 1 GM	Preferred	
VANCOMYCIN INJ 500MG	Preferred	
VANCOMYCIN INJ 750MG	Preferred	
VIBATIV SOLR 750MG	Preferred	

LEPROSTATICS

<i>dapsone tabs</i> 25mg, 100mg	Preferred	
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LINCOSAMIDES

CLEOCIN PHOSPHATE SOLN 9GM/60ML, 300MG/2ML, 600MG/4ML, 900MG/6ML	Preferred	
<i>clindamycin hcl</i> (generic of CLEOCIN) caps 75mg	Preferred	
<i>clindamycin hcl caps</i> 150mg, 300mg	Preferred	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) <i>solr</i> 75mg/5ml	Preferred	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) <i>soln</i> 300mg/2ml, 600mg/4ml, 900mg/6ml	Preferred	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	Preferred	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	Preferred	
<i>clindamycin phosphate in d5w iv soln</i> 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) <i>soln</i> 300mg/ml	Preferred	

MONOBACTAMS

AZACTAM SOLR 1GM, 2GM	Preferred	
<i>aztreonam solr</i> 1gm, 2gm	Preferred	

Drug Name	Drug Tier	Requirements/Limits
OXAZOLIDINONES		
<i>linezolid (generic of ZYVOX) soln 600mg/300ml</i>	Preferred	
LINEZOLID INJ 2MG/ML	Preferred	
SIVEXTRO SOLR 200MG	Preferred	
ZYVOX SOLN 600MG/300ML	Preferred	
POLYMYXINS		
<i>colistimethate sodium (generic of COLY-MYCIN M) solr 150mg</i>	Preferred	
COLY-MYCIN M SOLR 150MG	Preferred	
<i>polymyxin b sulfate solr 500000unit</i>	Preferred	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<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	
<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	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	Preferred	
<i>nitroglycerin cpcr 2.5mg, 6.5mg, 9mg; oint 2%; pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Preferred	
<i>nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg</i>	Preferred	
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANSXIETY AGENTS - MISC.		
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	Preferred	
<i>hydroxyzine hcl syrps 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	Preferred	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	Preferred	
BENZODIAZEPINES		
<i>alprazolam (generic of XANAX) tabs .25mg, .5mg, 1mg, 2mg</i>	Preferred	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ATIVAN SOLN 2MG/ML	Preferred	PA
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	Preferred	PA
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Preferred	PA
<i>diazepam conc 5mg/ml; soln 5mg/5ml</i>	Preferred	PA
<i>diazepam (generic of VALIUM) tabs 2mg, 5mg, 10mg</i>	Preferred	PA
<i>lorazepam conc 2mg/ml</i>	Preferred	PA
<i>lorazepam (generic of ATIVAN) soln 2mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred	PA
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Preferred	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

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

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

ANTIARRHYTHMICS TYPE III

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

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

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium nebu 20mg/2ml</i>	Preferred	
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR SOLN 100MG/10ML	Preferred-PA SP, PA
FASENRA SOSY 10MG/0.5ML, 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
TEZSPIRE SOAJ 210MG/1.91ML	Preferred-PA SP, PA
TEZSPIRE SOSY 210MG/1.91ML	Preferred-PA SP, PA, QL (1 syringe every 28 days)
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred-PA SP, PA

Drug Name	Drug Tier	Requirements/Limits
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)
<i>ipratropium bromide soln .02%</i>	Preferred	
SPIRIVA HANDIHALER CAPS 18MCG	Preferred	QL (1 cap every 1 day)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	Preferred	QL (4 gm every 30 days)
<i>tiotropium bromide (generic of SPIRIVA HANDIHALER) caps 18mcg</i>	Preferred	QL (1 cap every 1 day)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (generic of SINGULAIR) chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Preferred	
<i>zafirlukast tabs 10mg, 20mg</i>	Preferred	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
<i>beclomethasone dipropionate aers 40mcg/act, 80mcg/act</i>	Preferred	
<i>budesonide (inhalation) (generic of PULMICORT) susp 1mg/2ml</i>	Preferred	QL (2 mL every 1 day), AGE (Max 7)
<i>budesonide (inhalation) (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml</i>	Preferred	QL (4 mL every 1 day), AGE (Max 7)
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	Preferred	QL (1 inhaler every 30 days)
<i>fluticasone propionate (inhalation) aepb 50mcg/act</i>	Preferred	QL (3 inhalers every 30 days); Diskus
<i>fluticasone propionate (inhalation) aepb 100mcg/act, 250mcg/act</i>	Preferred	QL (4 inhalers every 30 days); Diskus
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	Preferred	QL (3 inhalers every 30 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 250/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 500/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR HFA AER 45/21	Preferred	QL (12 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 115/21	Preferred	QL (12 gm every 30 days)
ADVAIR HFA AER 230/21	Preferred	QL (12 gm every 30 days)
AIRSUPRA AER 90-80MCG	Preferred	
<i>albuterol sulfate aers 108mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
<i>albuterol sulfate (generic of VENTOLIN HFA) aers 108mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred	
ANORO ELLIPT AER 62.5-25	Preferred	QL (2 blisters every 1 day)
DULERA AER 50-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 100-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 200-5MCG	Preferred	QL (13 gm every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred	
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	
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	Preferred	QL (2 blisters every 1 day)

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

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

ELIQUIS CPSP .15MG; TBSO .5MG	Preferred-PA PA	
ELIQUIS TABS 2.5MG	Preferred-PA PA, QL (2 tabs every 1 day)	
ELIQUIS TABS 5MG	Preferred-PA PA, QL (74 tabs every 30 days)	
ELIQUIS STARTER PACK TBPK 5MG	Preferred-PA PA, QL (74 tabs every 30 days)	
XARELTO SUSR 1MG/ML	Preferred	
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

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

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clonazepam</i> (generic of KLONOPIN) <i>tabs</i> .5mg, 1mg, 2mg	Preferred	PA
<i>diazepam</i> (<i>anticonvulsant</i>) <i>gel</i> 2.5mg, 10mg, 20mg	Preferred	

ANTICONVULSANTS - MISC.

<i>brivaracetam</i> (generic of BRIVIACT) <i>soln</i> 50mg/5ml	Preferred	
BRIVIACT SOLN 50MG/5ML	Preferred	
<i>carbamazepine</i> <i>chew</i> 100mg, 200mg	Preferred	
<i>carbamazepine</i> (generic of TEGRETOL) <i>susp</i> 100mg/5ml, 200mg/10ml; <i>tabs</i> 200mg	Preferred	
<i>carbamazepine</i> (generic of TEGRETOL-XR) <i>tb</i> 12 100mg, 200mg, 400mg	Preferred	
<i>gabapentin</i> (generic of NEURONTIN) <i>caps</i> 100mg, 300mg, 400mg; <i>soln</i> 250mg/5ml, 300mg/6ml; <i>tabs</i> 600mg, 800mg	Preferred	
KEPPRA SOLN 500MG/5ML	Preferred	
<i>lacosamide</i> (generic of VIMPAT) <i>soln</i> 200mg/20ml	Preferred	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) <i>chew</i> 5mg, 25mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> (generic of LAMICTAL) <i>tabs 25mg, 100mg, 150mg, 200mg</i>	Preferred	
LEVETIR/NAACL INJ 5MG/ML	Preferred	
LEVETIR/NAACL INJ 10MG/ML	Preferred	
LEVETIR/NAACL INJ 15MG/ML	Preferred	
<i>levetiracetam</i> (generic of KEPPRA) <i>soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	Preferred	
<i>levetiracetam</i> (generic of KEPPRA XR) <i>tb24 500mg, 750mg</i>	Preferred	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Preferred	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Preferred	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Preferred	
<i>oxcarbazepine</i> (generic of TRILEPTAL) <i>susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	Preferred	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) <i>tb24 150mg, 300mg, 600mg</i>	Preferred	
<i>pregabalin</i> (generic of LYRICA) <i>caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred	
<i>primidone</i> (generic of MYSOLINE) <i>tabs 50mg, 250mg</i>	Preferred	
<i>primidone tabs 125mg</i>	Preferred	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) <i>cpsp 15mg, 25mg</i>	Preferred	
<i>topiramate cpsp 50mg</i>	Preferred	
<i>topiramate</i> (generic of TOPAMAX) <i>tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred	
VIMPAT SOLN 200MG/20ML	Preferred	
<i>zonisamide</i> (generic of ZONEGRAN) <i>caps 25mg, 100mg</i>	Preferred	
<i>zonisamide caps 50mg</i>	Preferred	
CARBAMATES		
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	Preferred	
XCOPRI PAK 12.5-25	Preferred	
XCOPRI PAK 50-100MG	Preferred	
XCOPRI PAK 100-150	Preferred	
XCOPRI PAK 150-200	Preferred	

Drug Name	Drug Tier	Requirements/Limits
HYDANTOINS		
CEREBYX SOLN 100MGPE/2ML, 500MGPE/10ML	Preferred	
<i>fosphenytoin sodium</i> (generic of CEREBYX) <i>soln</i> <i>100mgpe/2ml, 500mgpe/10ml</i>	Preferred	
<i>phenytoin</i> (generic of DILANTIN INFATABS) <i>chew</i> <i>50mg</i>	Preferred	
<i>phenytoin</i> (generic of DILANTIN-125) <i>susp</i> <i>125mg/5ml</i>	Preferred	
<i>phenytoin sodium soln</i> <i>50mg/ml</i>	Preferred	
<i>phenytoin sodium extended</i> (generic of DILANTIN) <i>caps 100mg</i>	Preferred	
<i>phenytoin sodium extended caps</i> <i>200mg, 300mg</i>	Preferred	
SUCCINIMIDES		
<i>ethosuximide</i> (generic of ZARONTIN) <i>caps 250mg;</i> <i>soln 250mg/5ml</i>	Preferred	
VALPROIC ACID		
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) <i>csdr 125mg</i>	Preferred	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) <i>tb24</i> <i>250mg, 500mg</i>	Preferred	
<i>divalproex sodium</i> (generic of DEPAKOTE) <i>tbec</i> <i>125mg, 250mg, 500mg</i>	Preferred	
<i>valproate sodium soln</i> <i>100mg/ml, 250mg/5ml,</i> <i>500mg/5ml</i>	Preferred	
<i>valproic acid caps</i> <i>250mg</i>	Preferred	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tabs</i> <i>7.5mg, 45mg</i>	Preferred	
<i>mirtazapine</i> (generic of REMERON) <i>tabs 15mg,</i> <i>30mg</i>	Preferred	
<i>mirtazapine</i> (generic of REMERON SOLTAB) <i>tbdp</i> <i>15mg, 30mg, 45mg</i>	Preferred	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tabs</i> <i>75mg, 100mg</i>	Preferred	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) <i>tb12</i> <i>100mg, 150mg, 200mg</i>	Preferred	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) <i>tb24</i> <i>150mg, 300mg</i>	Preferred	
<i>bupropion hcl tb24</i> <i>450mg</i>	Preferred	QL (1 tab every 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAPS 20MG, 25MG, 30MG	Preferred	SP
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate</i> (generic of NARDIL) <i>tabs 15mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
tranylcypromine sulfate (generic of PARNATE) tabs 10mg	Preferred	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
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 caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg	Preferred	
fluvoxamine maleate tabs 25mg, 50mg, 100mg	Preferred	
paroxetine hcl susp 10mg/5ml	Preferred	
paroxetine hcl (generic of PAXIL) tabs 10mg, 20mg, 30mg, 40mg	Preferred	
sertraline hcl (generic of ZOLOFT) conc 20mg/ml; tabs 25mg, 50mg, 100mg	Preferred	
SEROTONIN MODULATORS		
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	Preferred	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine hcl cpep 20mg, 30mg, 60mg	Preferred	
duloxetine hcl cpep 40mg	Preferred	QL (2 caps every 1 day)
VENLAFAXINE BESYLATE ER TB24 112.5MG	Preferred	QL (1 tab every 1 day)
venlafaxine hcl (generic of EFFEXOR XR) cp24 37.5mg, 75mg, 150mg	Preferred	
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	Preferred	
TRICYCLIC AGENTS		
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Preferred	
clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg	Preferred	
desipramine hcl (generic of NORPRAMIN) tabs 10mg, 25mg	Preferred	
desipramine hcl tabs 50mg, 75mg, 100mg, 150mg	Preferred	
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	Preferred	
imipramine hcl tabs 10mg, 25mg, 50mg	Preferred	
nortriptyline hcl (generic of PAMELOR) caps 10mg, 25mg, 50mg, 75mg	Preferred	
nortriptyline hcl soln 10mg/5ml	Preferred	
protriptyline hcl tabs 5mg, 10mg	Preferred	
trimipramine maleate caps 25mg, 50mg, 100mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	Preferred	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	Preferred	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 1.25-250 mg</i>	Preferred	
<i>glyburide-metformin tab 2.5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 5-500 mg</i>	Preferred	
<i>sitagliptin free base-metformin hcl tab 50-500 mg</i>	Preferred	
<i>sitagliptin free base-metformin hcl tab 50-1000 mg</i>	Preferred	
BIGUANIDES		
<i>metformin hcl tabs 500mg, 750mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	Preferred	
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	Preferred	
BAQSIMI TWO PACK POWD 3MG/DOSE	Preferred	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	Preferred	
<i>glucagon solr 1mg</i>	Preferred	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	Preferred	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE KIT SOLN 1MG/0.2ML	Preferred	
GVOKE PFS SOSY 1MG/0.2ML	Preferred	
PROGLYCEM SUSP 50MG/ML	Preferred	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25MG, 50MG, 100MG	Preferred	QL (1 tab every 1 day)
TRADJENTA TABS 5MG	Preferred	QL (1 tab every 1 day)
INCRETIN MIMETIC AGENTS		
<i>liraglutide (generic of VICTOZA) sopn 6mg/ml</i>	Preferred	PA
OZEMPIC TABS 1.5MG, 4MG, 9MG	Preferred-PA	PA
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Preferred	PA, QL (2 pens every 28 days)
VICTOZA SOPN 18MG/3ML	Preferred	PA
INSULIN		
HUMALOG SOCT 100UNIT/ML	Preferred	QL (30 mL every 28 days)
HUMALOG SOLN 100UNIT/ML	Preferred	PA, QL (40 mL every 28 days)
HUMALOG JUNIOR KWIKPEN SOPN 100UNIT/ML	Preferred	PA, QL (30 mL every 28 days)
HUMALOG KWIKPEN SOPN 100UNIT/ML	Preferred	PA, QL (30 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN SOPN 200UNIT/ML	Preferred	QL (12 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
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	Preferred	QL (24 mL every 28 days)
INSULIN LISP INJ PROT KWP	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)

INSULIN SENSITIZING AGENTS

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

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

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

SULFONYLUREAS

<i>glimepiride tabs 1mg, 2mg, 3mg, 4mg</i>	Preferred
<i>glipizide tabs 2.5mg, 5mg, 10mg; tb24 2.5mg, 10mg</i>	Preferred
<i>glipizide</i> (generic of GLUCOTROL XL) <i>tb24 5mg</i>	Preferred
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	Preferred

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew 262mg; susp 262mg/15ml, 525mg/30ml; tabs 262mg</i>	Preferred	OTC
<i>probiotic product - cap</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Preferred	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Preferred	
LOMOTIL TAB 2.5MG	Preferred	
<i>loperamide hcl caps 2mg</i>	Preferred	
<i>loperamide hcl caps 2mg; tabs 2mg</i>	Preferred	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100MG	Preferred	
OPIOID ANTAGONISTS		
KLOXXADO LIQD 8MG/0.1ML	Preferred	QL (2 bottles every 30 days)
NALMEFENE HYDROCHLORIDE SOLN 1MG/ML	Preferred	
<i>naloxone hcl liqd 4mg/0.1ml</i>	Preferred	OTC
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml,</i> <i>4mg/10ml; sosal .4mg/ml, 2mg/2ml</i>	Preferred	
<i>naltrexone hcl tabs 50mg</i>	Preferred	
OPVEE SOLN 2.7MG/0.1ML	Preferred	
REXTOVY LIQD 4MG/0.25ML	Preferred	
VIVITROL SUSR 380MG	Preferred	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
<i>ondansetron tbdp 4mg, 8mg</i>	Preferred	
<i>ondansetron hcl soln 4mg/5ml</i>	Preferred	QL (50 mL every 15 days)
<i>ondansetron hcl tabs 4mg, 8mg, 24mg</i>	Preferred	
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tabs 50mg</i>	Preferred	OTC
<i>meclizine hcl chew 25mg</i>	Preferred	OTC
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	Preferred	
MECLIZINE HYDROCHLORIDE CHEW 25MG	Preferred	
<i>scopolamine (generic of TRANSDERM SCOP) pt72</i> <i>1mg/3days</i>	Preferred	
TRANSDERM SCOP PT72 1MG/3DAYS	Preferred	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg</i>	Preferred	QL (1 cap every 21 days)
<i>aprepitant (generic of EMEND BIPACK) caps 80mg</i>	Preferred	QL (2 caps every 14 days)
<i>aprepitant caps 125mg</i>	Preferred	QL (1 cap every 14 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred	QL (3 caps 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	

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl tabs 250mg</i>	Preferred	QL (90 tabs every year)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole susr 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred	
<i>fluconazole (generic of DIFLUCAN) susr 40mg/ml</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 syrp 2mg/5ml; tabs 4mg</i>	Preferred	OTC
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ANTIHISTAMINES - ETHANOLAMINES

<i>DAYHIST ALLERGY 12 HOUR R TABS 1.34MG</i>	Preferred	OTC
<i>diphenhydramine hcl caps 25mg, 50mg; liqd 12.5mg/5ml, 25mg/10ml; tabs 25mg</i>	Preferred	OTC
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	Preferred	

ANTIHISTAMINES - NON-SEDATING

<i>cetirizine hcl soln 1mg/ml</i>	Preferred	AGE (Max 18)
<i>cetirizine hcl soln 1mg/ml, 5mg/5ml; syrp 1mg/ml</i>	Preferred	AGE (Max 18), OTC
<i>cetirizine hcl tabs 5mg, 10mg</i>	Preferred	OTC
<i>fexofenadine hcl tabs 60mg, 180mg</i>	Preferred	OTC
<i>loratadine soln 5mg/5ml</i>	Preferred	AGE (Max 18), OTC
<i>loratadine tabs 10mg</i>	Preferred	OTC

ANTIHISTAMINES - PHENOTHIAZINES

<i>promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred	
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ANTIHISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	Preferred	
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ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

BILE ACID SEQUESTRANTS

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

FIBRIC ACID DERIVATIVES

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

Drug Name	Drug Tier	Requirements/Limits
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) <i>tabs</i> <i>10mg, 20mg, 40mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>lovastatin tabs</i> <i>10mg, 20mg, 40mg</i>	Preferred	QL (2 tabs every 1 day)
<i>pravastatin sodium tabs</i> <i>10mg, 20mg, 40mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>rosuvastatin calcium</i> (generic of CRESTOR) <i>tabs</i> <i>5mg, 10mg, 20mg, 40mg</i>	Preferred	QL (1 tab every 1 day)
<i>simvastatin tabs</i> <i>5mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>simvastatin</i> (generic of ZOCOR) <i>tabs</i> <i>10mg, 20mg, 40mg</i>	Preferred	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i> (generic of ZETIA) <i>tabs</i> <i>10mg</i>	Preferred	QL (1 tab every 1 day)
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
<i>benazepril hcl tabs</i> <i>5mg</i>	Preferred	
<i>benazepril hcl</i> (generic of LOTENSIN) <i>tabs</i> <i>10mg, 20mg, 40mg</i>	Preferred	
<i>captopril tabs</i> <i>12.5mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>enalapril maleate</i> (generic of VASOTEC) <i>tabs</i> <i>2.5mg, 5mg, 10mg, 20mg</i>	Preferred	
<i>fosinopril sodium tabs</i> <i>10mg, 20mg, 40mg</i>	Preferred	
<i>lisinopril</i> (generic of ZESTRIL) <i>tabs</i> <i>2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred	
<i>moexipril hcl tabs</i> <i>7.5mg, 15mg</i>	Preferred	
<i>quinapril hcl tabs</i> <i>5mg, 10mg, 20mg, 40mg</i>	Preferred	
<i>ramipril caps</i> <i>1.25mg, 2.5mg, 5mg, 10mg</i>	Preferred	
<i>trandolapril tabs</i> <i>1mg, 2mg, 4mg</i>	Preferred	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine caps</i> <i>250mg</i>	Preferred	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan tabs</i> <i>75mg</i>	Preferred	
<i>irbesartan</i> (generic of AVAPRO) <i>tabs</i> <i>150mg, 300mg</i>	Preferred	
<i>losartan potassium</i> (generic of COZAAR) <i>tabs</i> <i>25mg, 50mg, 100mg</i>	Preferred	
<i>valsartan soln</i> <i>4mg/ml</i>	Preferred	
<i>valsartan</i> (generic of DIOVAN) <i>tabs</i> <i>40mg, 80mg, 160mg, 320mg</i>	Preferred	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine</i> (generic of CATAPRES-TTS-1) <i>ptwk</i> <i>.1mg/24hr</i>	Preferred	
<i>clonidine</i> (generic of CATAPRES-TTS-2) <i>ptwk</i> <i>.2mg/24hr</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine (generic of CATAPRES-TTS-3) ptwk .3mg/24hr</i>	Preferred	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Preferred	
<i>doxazosin mesylate (generic of CARDURA) tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred	
<i>guanfacine hcl tabs 1mg, 2mg</i>	Preferred	
<i>methyldopa tabs 250mg, 500mg</i>	Preferred	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Preferred	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Preferred	

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Preferred	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Preferred	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Preferred	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Preferred	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Preferred	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	Preferred	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	Preferred	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	Preferred	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	Preferred	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Preferred	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Preferred	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Preferred	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred	
<i>quinapril-hydrochlorothiazide tab 20-25 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</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	Preferred	
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>minoxidil tabs 2.5mg, 10mg</i>	Preferred	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	Preferred	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

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

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine caps 250mg</i>	Preferred	
<i>ethambutol hcl tabs 100mg, 400mg</i>	Preferred	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	Preferred	
PRIFTIN TABS 150MG	Preferred	
<i>pyrazinamide tabs 500mg</i>	Preferred	
<i>rifabutin caps 150mg</i>	Preferred	
RIFADIN SOLR 600MG	Preferred	
<i>rifampin caps 150mg, 300mg</i>	Preferred	
<i>rifampin (generic of RIFADIN) solr 600mg</i>	Preferred	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	Preferred	
CYCLOPHOSPHAMIDE TABS 50MG	Preferred	
<i>lomustine (generic of GLEOSTINE) caps 10mg, 40mg, 100mg</i>	Preferred	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Preferred	SP

ANTIMETABOLITES

<i>mercaptopurine tabs 50mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml</i>	Preferred	SP
<i>methotrexate sodium tabs 2.5mg</i>	Preferred	
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	Preferred	
ANTINEOPLASTIC - ANTIBODIES		
POTELIGEO SOLN 20MG/5ML	Preferred	SP
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	Preferred	SP
<i>gefitinib (generic of IRESSA) tabs 250mg</i>	Preferred	SP
IRESSA TABS 250MG	Preferred	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150MG	Preferred	SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate (generic of ZYTIGA) tabs 250mg, 500mg</i>	Preferred	SP
<i>anastrozole (generic of ARIMIDEX) tabs 1mg</i>	Preferred	AGE (Min 40)
<i>bicalutamide (generic of CASODEX) tabs 50mg</i>	Preferred	
<i>exemestane (generic of AROMASIN) tabs 25mg</i>	Preferred	AGE (Min 40)
<i>letrozole (generic of FEMARA) tabs 2.5mg</i>	Preferred	AGE (Min 40)
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	Preferred	SP
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	Preferred	SP
LUPRON DEPOT (4-MONTH) KIT 30MG	Preferred	SP
LUPRON DEPOT (6-MONTH) KIT 45MG	Preferred	SP
LYSODREN TABS 500MG	Preferred	SP
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	Preferred	
<i>nilutamide tabs 150mg</i>	Preferred	PA, QL (2 tabs every 1 day)
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	
ANTINEOPLASTIC ENZYME INHIBITORS		
CAPRELSA TABS 100MG	Preferred	SP, PA, QL (2 tabs every 1 day)
CAPRELSA TABS 300MG	Preferred	SP, PA, QL (1 tab every 1 day)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred	SP
NEXAVAR TABS 200MG	Preferred	SP
<i>pazopanib hcl (generic of VOTRIENT) tabs 200mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	Preferred	SP
VOTRIENT TABS 200MG	Preferred	SP

ANTINEOPLASTICS MISC.

<i>bexarotene</i> (generic of TARGRETIN) caps 75mg	Preferred	SP
<i>hydroxyurea</i> (generic of HYDREA) caps 500mg	Preferred	
MATULANE CAPS 50MG	Preferred	SP
<i>tretinoin</i> (chemotherapy) caps 10mg	Preferred	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium</i> tabs 5mg, 10mg, 15mg, 25mg	Preferred	
<i>mesna</i> (generic of MESNEX) tabs 400mg	Preferred	
MESNEX TABS 400MG	Preferred	

MITOTIC INHIBITORS

<i>etoposide</i> caps 50mg	Preferred	
<i>paclitaxel</i> conc 6mg/ml, 150mg/25ml	Preferred	SP

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAPS .25MG, 1MG	Preferred	SP
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa</i> (generic of LODOSYN) tabs 25mg	Preferred	
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ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate</i> tabs .5mg, 1mg, 2mg	Preferred	
<i>trihexyphenidyl hcl</i> soln .4mg/ml; tabs 2mg, 5mg	Preferred	

ANTIPARKINSON COMT INHIBITORS

<i>entacapone</i> tabs 200mg	Preferred	
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ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl</i> caps 100mg; soln 50mg/5ml; tabs 100mg	Preferred	
<i>bromocriptine mesylate</i> (generic of PARLODEL) caps 5mg; tabs 2.5mg	Preferred	
<i>carbidopa & levodopa</i> tab 10-100 mg (generic of SINEMET)	Preferred	
<i>carbidopa & levodopa</i> tab 25-100 mg (generic of SINEMET)	Preferred	
<i>carbidopa & levodopa</i> tab 25-250 mg	Preferred	
<i>carbidopa & levodopa</i> tab er 25-100 mg	Preferred	
<i>carbidopa & levodopa</i> tab er 50-200 mg	Preferred	
<i>pramipexole dihydrochloride</i> tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Preferred	
<i>ropinirole hydrochloride</i> tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Preferred	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl</i> caps 5mg; tabs 5mg	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
<i>lithium soln 8meq/5ml</i>	Preferred	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	Preferred	
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>	Preferred	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5MG, 21MG, 42MG	Preferred	AGE (Min 8)
<i>lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	Preferred	AGE (Min 8)
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	Preferred	AGE (Min 8)
<i>ziprasidone hcl (generic of GEODON) caps 20mg, 40mg, 60mg, 80mg</i>	Preferred	QL (2 caps every 1 day), AGE (Min 8)
BENZISOXAZOLES		
ERZOFRI SUSY 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 351MG/2.25ML	Preferred-PA	PA
INVEGA HAFYERA SUSY 1092MG/3.5ML	Preferred-PA	ST, PA, QL (3.5 mL every 166 days), AGE (Min 18)
INVEGA HAFYERA SUSY 1560MG/5ML	Preferred-PA	ST, 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	ST, PA, QL (0.875 mL every 70 days), AGE (Min 18)
INVEGA TRINZA SUSY 410MG/1.32ML	Preferred-PA	ST, PA, QL (1.32 mL every 70 days), AGE (Min 18)
INVEGA TRINZA SUSY 546MG/1.75ML	Preferred-PA	ST, PA, QL (1.75 mL every 70 days), AGE (Min 18)
INVEGA TRINZA SUSY 819MG/2.63ML	Preferred-PA	ST, PA, QL (2.625 mL every 70 days), AGE (Min 18)
PERSERIS PRSY 90MG, 120MG	Preferred-PA	PA, AGE (Min 18)
<i>risperidone (generic of RISPERDAL) soln 1mg/ml</i>	Preferred	QL (8 mL every 1 day), AGE (Min 8)
<i>risperidone (generic of RISPERDAL) tabs .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>risperidone tabs .25mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	Preferred-PA	PA, AGE (Min 18)
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Preferred	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	Preferred	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	Preferred	
DIBENZAPINES		
<i>clozapine (generic of CLOZARIL) tabs 25mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
<i>clozapine tabs 50mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
<i>clozapine (generic of CLOZARIL) tabs 100mg</i>	Preferred	QL (9 tabs every 1 day), AGE (Min 8)
<i>clozapine tabs 200mg</i>	Preferred	QL (4 tabs every 1 day), AGE (Min 8)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Preferred	AGE (Min 8)
<i>olanzapine (generic of ZYPREXA) tabs 2.5mg, 5mg, 10mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>olanzapine (generic of ZYPREXA) tabs 7.5mg, 15mg, 20mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
<i>olanzapine (generic of ZYPREXA ZYDIS) tbdp 5mg, 15mg, 20mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
<i>olanzapine (generic of ZYPREXA ZYDIS) tbdp 10mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>quetiapine fumarate (generic of SEROQUEL) tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
<i>quetiapine fumarate tabs 150mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
<i>quetiapine fumarate (generic of SEROQUEL XR) tb24 50mg, 300mg, 400mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>quetiapine fumarate (generic of SEROQUEL XR) tb24 150mg, 200mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
MUSCARINIC AGENTS		
COBENFY CAP 50-20MG	Preferred	
COBENFY CAP 100-20MG	Preferred	
COBENFY CAP 125-30MG	Preferred	
COBENFY STRT CAP PACK	Preferred	
PHENOTHIAZINES		
<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	Preferred	
<i>fluphenazine decanoate soln 25mg/ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	Preferred	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Preferred	
<i>prochlorperazine supp 25mg</i>	Preferred	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Preferred	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Preferred	

QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	Preferred-PA	PA, AGE (Min 18)
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	Preferred-PA	PA, QL (1 injection every 26 days), AGE (Min 18)
<i>aripiprazole (generic of ABILIFY) tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	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)
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	Preferred	AGE (Min 8)

THIOXANTHENES

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

CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate soln 4%</i>	Preferred	OTC
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IODINE ANTISEPTICS

<i>iodine (topical) tinc 2%, 48%</i>	Preferred	OTC
<i>iodine tincture</i>	Preferred	OTC
LUGOLS SOL IODINE	Preferred	
<i>povidone-iodine soln 10%; swab 10%</i>	Preferred	OTC

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate (generic of ZIAGEN) soln 20mg/ml</i>	Preferred	QL (32 mL every 1 day)
<i>abacavir sulfate tabs 300mg</i>	Preferred	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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)
<i>atazanavir sulfate caps 150mg</i>	Preferred	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate</i> (generic of REYATAZ) caps 200mg	Preferred	QL (2 caps every 1 day)
<i>atazanavir sulfate</i> (generic of REYATAZ) caps 300mg	Preferred	QL (1 cap every 1 day)
BIKTARVY TAB	Preferred	QL (1 tab every 1 day)
CABENUVA SUS 400-600	Preferred	QL (4 mL every 28 days)
CABENUVA SUS 600-900	Preferred	QL (6 mL every 28 days)
COMPLERA TAB	Preferred	QL (1 tab every 1 day)
<i>darunavir</i> (generic of PREZISTA) tabs 600mg	Preferred	QL (2 tabs every 1 day)
<i>darunavir</i> (generic of PREZISTA) tabs 800mg	Preferred	QL (1 tab every 1 day)
DELSTRIGO TAB	Preferred	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	Preferred	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	Preferred	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	Preferred	QL (1 tab every 1 day)
EDURANT TABS 25MG	Preferred	QL (1 tab every 1 day)
EDURANT PED TBSO 2.5MG	Preferred	
<i>efavirenz</i> tabs 600mg	Preferred	
<i>efavirenz-emtricitabine-tenofovir df</i> tab 600-200-300 mg	Preferred	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df</i> tab 400-300-300 mg	Preferred	QL (1 tab every 1 day)
<i>emtricitabine</i> (generic of EMTRIVA) caps 200mg	Preferred	QL (1 cap every 1 day)
<i>emtricitabine- rilpivirine-tenofovir df</i> tab 200-25-300 mg (generic of COMPLERA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 100-150 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 133-200 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 167-250 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate</i> 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)
<i>etravirine</i> (generic of INTELENCE) tabs 100mg	Preferred	QL (4 tabs every 1 day)
<i>etravirine</i> (generic of INTELENCE) tabs 200mg	Preferred	QL (2 tabs every 1 day)
<i>fosamprenavir calcium</i> 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)

Drug Name	Drug Tier	Requirements/Limits
JULUCA TAB 50-25MG	Preferred	
KALETRA TAB 100-25MG	Preferred	QL (10 tabs every 1 day)
KALETRA TAB 200-50MG	Preferred	QL (4 tabs every 1 day)
<i>lamivudine</i> (generic of EPIVIR) <i>soln 10mg/ml</i>	Preferred	QL (32 mL every 1 day)
<i>lamivudine</i> (generic of EPIVIR) <i>tabs 150mg</i>	Preferred	QL (2 tabs every 1 day)
<i>lamivudine</i> (generic of EPIVIR) <i>tabs 300mg</i>	Preferred	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Preferred	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Preferred	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Preferred	QL (4 tabs every 1 day)
<i>maraviroc</i> (generic of SELZENTRY) <i>tabs 150mg, 300mg</i>	Preferred	
<i>nevirapine susp 50mg/5ml</i>	Preferred	QL (40 mL every 1 day)
<i>nevirapine tabs 200mg</i>	Preferred	QL (2 tabs every 1 day)
<i>nevirapine tb24 400mg</i>	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)
PIFELTRO TABS 100MG	Preferred	
PREZCOBIX TAB 675/150	Preferred	
PREZCOBIX TAB 800-150	Preferred	
PREZISTA SUSP 100MG/ML	Preferred	QL (400 mL every 30 days)
PREZISTA TABS 75MG	Preferred	QL (16 tabs every 1 day)
PREZISTA TABS 150MG	Preferred	QL (8 tabs every 1 day)
PREZISTA TABS 600MG	Preferred	QL (2 tabs every 1 day)
PREZISTA TABS 800MG	Preferred	QL (1 tab every 1 day)
REYATAZ CAPS 200MG	Preferred	QL (2 caps every 1 day)
REYATAZ CAPS 300MG	Preferred	QL (1 cap every 1 day)
REYATAZ PACK 50MG	Preferred	QL (5 packets every 1 day)
<i>rilpivirine hcl</i> (generic of EDURANT) <i>tabs 25mg</i>	Preferred	QL (1 tab every 1 day)
<i>ritonavir</i> (generic of NORVIR) <i>tabs 100mg</i>	Preferred	QL (12 tabs every 1 day)
RUKOBIA TB12 600MG	Preferred	
SELZENTRY SOLN 20MG/ML	Preferred	
SUNLENCA SOLN 463.5MG/1.5ML; TABS 300MG; TBPK 300MG	Preferred-PA PA	
SYMFI TAB	Preferred	QL (1 tab every 1 day)
SYMTUZA TAB	Preferred	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) <i>tabs 300mg</i>	Preferred	QL (1 tab every 1 day)
TIVICAY TABS 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)

Drug Name	Drug Tier	Requirements/Limits
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)
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	Preferred	
ZIAGEN SOLN 20MG/ML	Preferred	QL (32 mL every 1 day)
<i>zidovudine</i> (generic of RETROVIR) <i>caps 100mg</i>	Preferred	QL (6 caps every 1 day)
<i>zidovudine</i> (generic of RETROVIR) <i>syrp 50mg/5ml</i>	Preferred	QL (64 mL every 1 day)
<i>zidovudine tabs 300mg</i>	Preferred	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	Preferred	AGE (Min 12)
PAXLOVID TAB 150-100	Preferred	QL (30 tabs every 28 days), AGE (Min 12)
PAXLOVID TAB 300-100	Preferred	QL (30 tabs every 28 days), AGE (Min 12)
CMV AGENTS		
LIVTENCITY TABS 200MG	Preferred-PA	PA, QL (4 tabs every 1 day)
PREVYMIS TABS 240MG, 480MG	Preferred-PA	PA, QL (1 tab every 1 day)
<i>valganciclovir hcl tabs 450mg</i>	Preferred	
HEPATITIS AGENTS		
<i>entecavir</i> (generic of BARACLUDE) <i>tabs .5mg, 1mg</i>	Preferred	QL (1 tab every 1 day)
MAVYRET PAK 50-20MG	Preferred	SP
MAVYRET TAB 100-40MG	Preferred	SP
<i>ribavirin</i> (hepatitis c) <i>caps 200mg; tabs 200mg</i>	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP
HERPES AGENTS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	Preferred	
<i>valacyclovir hcl</i> (generic of VALTREX) <i>tabs 1gm, 500mg</i>	Preferred	
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg</i>	Preferred	QL (168 caps every year)
<i>oseltamivir phosphate caps 45mg</i>	Preferred	QL (84 caps every year)
<i>oseltamivir phosphate</i> (generic of TAMIFLU) <i>caps 75mg</i>	Preferred	QL (84 caps every year)
<i>oseltamivir phosphate</i> (generic of TAMIFLU) <i>susr 6mg/ml</i>	Preferred	QL (1080 mL every year)
RELENZA DISKHALER AEPB 5MG/BLISTER	Preferred	QL (40 caps every 180 days)

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	Preferred	QL (40 caps every 29 days), AGE (Min 18)

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

carvedilol (generic of COREG) tabs 3.125mg, 6.25mg, 12.5mg, 25mg	Preferred	
labetalol hcl tabs 100mg, 200mg, 300mg, 400mg	Preferred	

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol hcl caps 200mg, 400mg	Preferred	
atenolol (generic of TENORMIN) tabs 25mg, 50mg, 100mg	Preferred	
betaxolol hcl tabs 10mg, 20mg	Preferred	
bisoprolol fumarate tabs 2.5mg, 5mg, 10mg	Preferred	
metoprolol succinate (generic of TOPROL XL) tb24 25mg, 50mg, 100mg, 200mg	Preferred	
metoprolol tartrate tabs 12.5mg, 25mg, 37.5mg, 75mg	Preferred	
metoprolol tartrate (generic of LOPRESSOR) tabs 50mg, 100mg	Preferred	

BETA BLOCKERS NON-SELECTIVE

HEMANGEOL SOLN 4.28MG/ML	Preferred-PA	PA, QL (12 mL every 1 day), AGE (Max 1)
nadolol tabs 20mg, 40mg, 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	

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

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

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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> (generic of CARDIZEM LA) <i>tb24</i> 120mg, 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg	Preferred	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) <i>cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg	Preferred	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) <i>cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Preferred	
<i>felodipine</i> <i>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) <i>tb24</i> 30mg, 60mg	Preferred	
<i>nimodipine caps</i> 30mg	Preferred	
<i>verapamil hcl</i> <i>cp24</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; <i>tabs</i> 40mg, 80mg, 120mg; <i>tbcr</i> 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) <i>soln</i> .25mg/ml; <i>tabs</i> 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 CAP 6-6MG	Preferred	
ENTRESTO CAP 15-16MG	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) <i>solr</i> .5mg, 1.5mg	Preferred-PA SP, PA	
FLOLAN SOLR 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
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20MG	Preferred-PA	SP, PA
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) tabs 20mg</i>	Preferred-PA	SP, PA
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) tabs 20mg</i>	Preferred-PA	SP, PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred-PA	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ 2-0.5GM	Preferred	
ZERBAXA INJ 1.5GM	Preferred	
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Preferred	
CEFAZOL/DEX SOL 1GM	Preferred	
CEFAZOL/DEX SOL 2GM	Preferred	
CEFAZOLIN INJ 1GM/50ML	Preferred	
<i>cefazolin sodium solr 1gm, 2gm, 10gm, 500mg</i>	Preferred	
CEFAZOLIN SODIUM SOLR 2GM, 3GM	Preferred	
CEFAZOLIN SOL	Preferred	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg</i>	Preferred	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg</i>	Preferred	
CEFOTAN SOLR 1GM, 2GM	Preferred	
<i>cefotetan disodium (generic of CEFOTAN) 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	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefixime caps 400mg; tabs 400mg</i>	Preferred	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	Preferred	
<i>ceftazidime solr 1gm, 2gm, 6gm</i>	Preferred	
CEFTRIAX/DEX INJ 1GM	Preferred	
CEFTRIAX/DEX INJ 2GM	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	Preferred	
ceftriaxone sodium in dextrose inj 20 mg/ml	Preferred	
ceftriaxone sodium in dextrose inj 40 mg/ml	Preferred	
TAZICEF INJ 1GM/50ML	Preferred	

CEPHALOSPORINS - 4TH GENERATION

CEFEPIME SOLN 1GM/50ML, 2GM/100ML	Preferred	
cefepime hcl solr 1gm, 2gm	Preferred	
CEFEPIME/DEX INJ 1GM	Preferred	
CEFEPIME/DEX INJ 2GM	Preferred	

CEPHALOSPORINS - 5TH GENERATION

ceftaroline fosamil (generic of TEFLARO) solr 400mg, 600mg	Preferred	
TEFLARO SOLR 400MG, 600MG	Preferred	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

AVERI TAB	Preferred	AGE (Min 10, Max 55)
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 & ethinyl estradiol tab 0.15 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	Preferred	AGE (Min 10, Max 55)
drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	Preferred	AGE (Min 10, Max 55)
drosiprenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Preferred	AGE (Min 10, Max 55)
drosiprenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Preferred	AGE (Min 10, Max 55)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Preferred	AGE (Min 10, Max 55)
FEMLYV TAB 1/0.02MG	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)

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<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)
LO LOESTRIN TAB 1-10-10	Preferred	AGE (Min 10, Max 55)
NATAZIA TAB	Preferred	AGE (Min 10, Max 55)
NEXTSTELLIS TAB 3-14.2MG	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
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)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Preferred	QL (3 patches every 28 days), AGE (Min 10, Max 55)
TWIRLA DIS 120-30	Preferred	QL (3 patches every 28 days), AGE (Min 10, Max 55)

COMBINATION CONTRACEPTIVES - VAGINAL

ANNOVERA MIS	Preferred	QL (1 ring every 274 days), AGE (Min 10, Max 55)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	Preferred	QL (1 ring every 21 days), AGE (Min 10, Max 55)
NUVARING MIS	Preferred	QL (1 ring every 21 days), AGE (Min 10, Max 55)

COPPER CONTRACEPTIVES - IUD

PARAGARD IUD T380A	Preferred	AGE (Min 10, Max 55)
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EMERGENCY CONTRACEPTIVES

ELLA TABS 30MG	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	Preferred	AGE (Min 10, Max 55), OTC

PROGESTIN CONTRACEPTIVES - IMPLANTS

NEXPLANON IMPL 68MG	Preferred	AGE (Min 10, Max 55)
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PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) susp 150mg/ml; susy 150mg/ml</i>	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)

PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5MG	Preferred	AGE (Min 10, Max 55)
LILETTA IUD 20.1MCG/DAY	Preferred	AGE (Min 10, Max 55)
MIRENA IUD 21MCG/DAY	Preferred	AGE (Min 10, Max 55)
SKYLA IUD 13.5MG	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone (contraceptive) tabs .35mg</i>	Preferred	AGE (Min 10, Max 55)
OPILL TABS .075MG	Preferred	OTC
SLYND TABS 4MG	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred	
DEXAMETHASONE INTENSOL CONC 1MG/ML	Preferred	
<i>dexamethasone sodium phosphate soln 4mg/ml, 20mg/5ml, 120mg/30ml; sosy 4mg/ml</i>	Preferred	
<i>hydrocortisone (generic of CORTEF) tabs 5mg, 10mg, 20mg</i>	Preferred	
<i>methylprednisolone (generic of MEDROL) tabs 4mg, 8mg, 16mg</i>	Preferred	
<i>methylprednisolone tabs 32mg</i>	Preferred	
<i>methylprednisolone (generic of MEDROL DOSEPAK) tbpk 4mg</i>	Preferred	
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	Preferred	
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	Preferred	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred	
PREDNISONE INTENSOL CONC 5MG/ML	Preferred	

MINERALOCORTICIDS

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

ANTITUSSIVES - DRUGS TO TREAT COUGH

<i>benzonatate caps 100mg, 200mg</i>	Preferred	
<i>dextromethorphan hbr liqd 15mg/5ml, 30mg/10ml</i>	Preferred	OTC
<i>dextromethorphan polistirex suer 30mg/5ml</i>	Preferred	OTC
HYCODAN SYP 5-1.5/5	Preferred	QL (30 mL every 1 day), AGE (Min 18)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Preferred	QL (30 mL every 1 day), AGE (Min 18)

COUGH/COLD/ALLERGY COMBINATIONS

<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	Preferred	OTC
<i>brompheniramine & phenylephrine liqd 2-5 mg/10ml</i>	Preferred	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Preferred	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-doxylamine-apap cap 15-6.25-325 mg</i>	Preferred	OTC
<i>dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Preferred	AGE (Min 12), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Preferred	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Preferred	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Preferred	AGE (Min 12), OTC
LOHIST-D LIQ	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Preferred	OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>phenylephrine-dm soln 2.5-5 mg/5ml</i>	Preferred	OTC
<i>phenylephrine-guaifenesin liqd 5-100 mg/5ml</i>	Preferred	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Preferred	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Preferred	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Preferred	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Preferred	
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Preferred	OTC
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	Preferred	OTC
EXPECTORANTS - DRUGS TO TREAT COUGH		
<i>guaifenesin liqd 100mg/5ml, 200mg/10ml, 300mg/15ml; tb12 600mg, 1200mg</i>	Preferred	AGE (Min 12), OTC
<i>potassium iodide (expectorant) soln 1gm/ml</i>	Preferred	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
<i>sodium chloride (inhalant) nebu .9%, 3%, 10%</i>	Preferred	
MUCOLYTICS - DRUGS TO TREAT COUGH		
<i>acetylcysteine soln 10%, 20%</i>	Preferred	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>benzoyl peroxide gel 2.5%, 5%, 10%; liqd 10%</i>	Preferred	OTC
<i>benzoyl peroxide liqd 5%</i>	Preferred	AGE (Min 10, Max 20), OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Preferred	AGE (Min 10, Max 20)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) gel 1%; swab 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>erythromycin (acne aid) gel 2%</i>	Preferred	AGE (Min 10, Max 20)
<i>erythromycin (acne aid) soln 2%</i>	Preferred	QL (2 mL every 1 day), AGE (Min 10, Max 20)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Preferred	
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	Preferred	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel .01%, .025%</i>	Preferred	AGE (Min 10, Max 20)
<i>tretinoin (generic of ATRALIN) gel .05%</i>	Preferred	AGE (Min 10, Max 20)
ANTIBIOTICS - TOPICAL		
<i>bacitracin (topical) oint 500unit/gm</i>	Preferred	OTC
<i>bacitracin zinc oint 500unit/gm</i>	Preferred	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Preferred	QL (1 gm every 1 day)
<i>mupirocin oint 2%</i>	Preferred	QL (90 gm every 1 fill), AGE (Max 20)
<i>neomycin-bacitracin-polymyxin oint</i>	Preferred	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Preferred	OTC
<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	Preferred	OTC
ANTIFUNGALS - TOPICAL		
<i>clotrimazole (topical) crea 1%</i>	Preferred	
<i>econazole nitrate crea 1%</i>	Preferred	QL (170 gm every 1 fill)
<i>ketoconazole (topical) crea 2%</i>	Preferred	QL (2 gm every 1 day)
<i>ketoconazole (topical) sham 2%</i>	Preferred	QL (4 mL every 1 day)
<i>miconazole nitrate (topical) aerp 2%; crea 2%; powd 2%</i>	Preferred	OTC
<i>nystatin (topical) crea 100000unit/gm; powd 100000unit/gm</i>	Preferred	
<i>nystatin (topical) oint 100000unit/gm</i>	Preferred	QL (1 gm every 1 day)
<i>terbinafine hcl (topical) crea 1%</i>	Preferred	OTC
<i>tolnaftate aero 1%; aerp 1%; crea 1%; soln 1%</i>	Preferred	OTC
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Preferred	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>LEVULAN KERASTICK SOLR 20%</i>	Preferred	
ANTIPRURITICS - TOPICAL		
<i>camphor & menthol lotion 0.5-0.5%</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS		
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	Preferred	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred-PA	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred-PA	SP, PA
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred-PA	SP, PA
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 1%; sham 1%</i>	Preferred	OTC
<i>selenium sulfide lotn 2.5%</i>	Preferred	
<i>sulfacetamide sodium liqd 10%</i>	Preferred	
BURN PRODUCTS		
<i>silver sulfadiazine (generic of SILVADENE) crea 1%</i>	Preferred	
SULFAMYLLON CREA 85MG/GM	Preferred	QL (56 gm every 30 days)
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>betamethasone valerate crea .1%; oint .1%</i>	Preferred	QL (4 gm every 1 day)
<i>betamethasone valerate lotn .1%</i>	Preferred	QL (4 mL every 1 day)
<i>clobetasol propionate crea .05%; gel .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>clobetasol propionate soln .05%</i>	Preferred	QL (51 mL every 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	Preferred	QL (2 gm every 1 day)
<i>desonide crea .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinolone acetonide crea .01%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinolone acetonide (generic of DERMA-SMOOTHIE/FS BODY) oil .01%</i>	Preferred	QL (3.95 mL every 1 day)
<i>fluocinolone acetonide (generic of DERMA-SMOOTHIE/FS SCALP) oil .01%</i>	Preferred	QL (118.5 mL every 30 days)
<i>fluocinolone acetonide soln .01%</i>	Preferred	QL (3 mL every 1 day)
<i>fluocinonide (generic of VANOS) crea .1%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinonide crea .05%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinonide gel .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinonide soln .05%</i>	Preferred	QL (2 mL every 1 day)
<i>fluocinonide emulsified base crea .05%</i>	Preferred	QL (4 gm every 1 day)
<i>fluticasone propionate crea .05%; oint .005%</i>	Preferred	
<i>halobetasol propionate crea .05%; oint .05%</i>	Preferred	QL (50.1 gm every 30 days)
HYDROCORTISONE CREA 1%	Preferred	OTC
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 2.5%; soln 2.5%</i>	Preferred	
<i>hydrocortisone (topical) crea .5%, 1%; lotn 1%; oint .5%</i>	Preferred	OTC
<i>hydrocortisone (topical) oint 1%</i>	Preferred	QL (1 gm every 1 day)
<i>hydrocortisone (topical) oint 1%</i>	Preferred	QL (1 gm every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate (topical) oint 1%</i>	Preferred	OTC
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Preferred	QL (2 gm every 1 day)
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	Preferred	
<i>triamcinolone acetonide (topical) crea .1%</i>	Preferred	QL (456 gm every 30 days)
<i>triamcinolone acetonide (topical) crea .5%</i>	Preferred	QL (454 gm every 30 days)
<i>triamcinolone acetonide (topical) crea .025%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	Preferred	
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	Preferred-PA	SP, PA
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea crea 20%, 39%, 40%</i>	Preferred	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) lotn 12%</i>	Preferred	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 5%</i>	Preferred	QL (2 packets every 1 day), AGE (Min 10)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	Preferred	QL (102 gm every 30 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	Preferred	QL (100.2 gm every 30 days)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>CONDYLOX GEL .5%</i>	Preferred	QL (7.5 gm every 30 days)
<i>podofilox gel .5%</i>	Preferred	QL (7.5 gm every 30 days)
<i>podofilox soln .5%</i>	Preferred	QL (0.25 mL every 1 day)
<i>salicylic acid gel 6%</i>	Preferred	
LINIMENTS		
<i>menthol-methyl salicylate cream</i>	Preferred	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin crea .025%, .075%, .1%</i>	Preferred	OTC
<i>dibucaine oint 1%</i>	Preferred	OTC
<i>lidocaine oint 5%</i>	Preferred	QL (8 gm every 1 day)
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	Preferred	QL (3 packets every 1 day)
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	Preferred	QL (3 patches every 1 day)
<i>lidocaine hcl crea 3%</i>	Preferred	
<i>lidocaine hcl gel 2%</i>	Preferred	QL (1 mL every 1 day)
<i>lidocaine hcl prsy 2%</i>	Preferred	QL (30 injections every 30 days)
<i>lidocaine hcl soln 4%</i>	Preferred	QL (51 mL every 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	Preferred-PA	ST, PA
ROSACEA AGENTS		
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) (generic of METROGEL) gel 1%</i>	Preferred	

SCABICIDES & PEDICULICIDES

<i>NATROBA SUSP .9%</i>	Preferred	
<i>permethrin (generic of PERMETHRIN) crea 5%</i>	Preferred	QL (2 gm every 1 day), AGE (Max 3)
<i>permethrin liqd 1%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Preferred	OTC
<i>spinosad susp .9%</i>	Preferred	

TAR PRODUCTS

<i>coal tar extract sham .5%</i>	Preferred	OTC
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DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

<i>CONTOUR PLUS TES BLD GLUC</i>	Preferred	QL (200 strips every 30 days), OTC
<i>IHEALTH 2-PK KIT COVID-19</i>	Preferred	PA, QL (6 kits every year), OTC
<i>PREGNANCY TES ONE STEP</i>	Preferred	OTC

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

<i>CREON CAP 3000UNIT</i>	Preferred	
<i>CREON CAP 6000UNIT</i>	Preferred	
<i>CREON CAP 12000UNT</i>	Preferred	
<i>CREON CAP 24000UNT</i>	Preferred	
<i>CREON CAP 36000UNT</i>	Preferred	
<i>PERTZYE CAP 4000UNIT</i>	Preferred-PA	PA
<i>PERTZYE CAP 8000UNIT</i>	Preferred-PA	PA
<i>PERTZYE CAP 16000U</i>	Preferred-PA	PA
<i>PERTZYE CAP 24000U</i>	Preferred-PA	PA
<i>ZENPEP CAP 3000UNIT</i>	Preferred	
<i>ZENPEP CAP 5000UNIT</i>	Preferred	
<i>ZENPEP CAP 10000UNT</i>	Preferred	
<i>ZENPEP CAP 15000UNT</i>	Preferred	
<i>ZENPEP CAP 20000UNT</i>	Preferred	
<i>ZENPEP CAP 25000UNT</i>	Preferred	
<i>ZENPEP CAP 40000UNT</i>	Preferred	
<i>ZENPEP CAP 60000UNT</i>	Preferred	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
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<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Preferred	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Preferred	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Preferred	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Preferred	

LOOP DIURETICS

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

POTASSIUM SPARING DIURETICS

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

THIAZIDES AND THIAZIDE-LIKE DIURETICS

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

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

BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS

<i>alendronate sodium soln 70mg/75ml</i>	Preferred	QL (75 mL every7 days)
<i>alendronate sodium tabs 10mg, 35mg</i>	Preferred	
<i>alendronate sodium (generic of FOSAMAX) tabs 70mg</i>	Preferred	
<i>calcitonin (salmon) soln 200unit/act</i>	Preferred	
<i>calcitonin (salmon) (generic of MIACALCIN) soln 200unit/ml</i>	Preferred	
MIACALCIN SOLN 200UNIT/ML	Preferred	

CORTICOTROPIN

ACTHAR GEL 80UNIT/ML	Preferred	SP
CORTROPHIN GEL 80UNIT/ML	Preferred	SP

GNRH/LHRH ANTAGONISTS

ORLISSA TABS 150MG, 200MG	Preferred-PA	ST, PA
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GROWTH HORMONES

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

Drug Name	Drug Tier	Requirements/Limits
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	Preferred-PA	SP, PA
SKYTROFA CART .7MG, 1.4MG, 1.8MG, 2.1MG, 2.5MG, 3MG, 3.6MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG, 11MG, 13.3MG	Preferred-PA	SP, PA

METABOLIC MODIFIERS

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

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA TABS 10MG, 20MG, 40MG	Preferred-PA	PA
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POSTERIOR PITUITARY HORMONES

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

PROLACTIN INHIBITORS

<i>cabergoline</i> tabs .5mg	Preferred	
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ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

COMBIPATCH DIS	Preferred	QL (2 patches every 7 days)
<i>estradiol & norethindrone acetate</i> tab 0.5-0.1 mg	Preferred	
<i>estradiol & norethindrone acetate</i> tab 1-0.5 mg (generic of ACTIVELLA)	Preferred	
MYFEMBREE TAB	Preferred-PA	PA
ORIAHNN CAP	Preferred-PA	ST, PA
PREMPHASE TAB	Preferred	
PREMPRO TAB	Preferred	
PREMPRO TAB 0.3-1.5	Preferred	
PREMPRO TAB 0.45-1.5	Preferred	
PREMPRO TAB 0.625-5	Preferred	

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol</i> (generic of MINIVELLE) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Preferred	QL (8 patches every 28 days)
<i>estradiol</i> (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Preferred	QL (8 patches every 28 days)
<i>estradiol</i> (generic of CLIMARA) ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Preferred	QL (1 patch every 7 days)

Drug Name	Drug Tier	Requirements/Limits
estradiol tabs .5mg, 1mg, 2mg	Preferred	
estrogens, conjugated (generic of PREMARIN) tabs .3mg, .45mg, .625mg, .9mg, 1.25mg	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 (generic of CIPRO) tabs 250mg, 500mg	Preferred	AGE (Min 16)
ciprofloxacin hcl tabs 750mg	Preferred	AGE (Min 16)
levofloxacin soln 25mg/ml	Preferred	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 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
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GALLSTONE SOLUBILIZING AGENTS

ursodiol caps 300mg	Preferred	
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GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml	Preferred	
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GASTROINTESTINAL STIMULANTS

metoclopramide hcl soln 5mg/5ml, 10mg/10ml	Preferred	
metoclopramide hcl (generic of REGLAN) tabs 5mg, 10mg	Preferred	

HEPATOTROPICS

REZDIFFRA TABS 60MG, 80MG, 100MG	Preferred-PA	PA
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INFLAMMATORY BOWEL AGENTS

balsalazide disodium caps 750mg	Preferred	
CIMZIA PSKT 200MG/ML	Preferred-PA	SP, PA
CIMZIA STARTER KIT PSKT 200MG/ML	Preferred-PA	SP, PA
mesalamine (generic of PENTASA) cpcr 500mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine enem 4gm</i>	Preferred	
<i>mesalamine (generic of CANASA) supp 1000mg</i>	Preferred	
PENTASA CPCR 250MG, 500MG	Preferred	
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	Preferred	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	Preferred	

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) soln 10gm/15ml</i>	Preferred	AGE (Max 20)
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Preferred	
FOSRENOL PACK 750MG, 1000MG	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, 800mg</i>	Preferred	

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

ALKALINIZERS

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

CYSTINOSIS AGENTS

CYSTAGON CAPS 50MG, 150MG	Preferred	SP
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GENITOURINARY IRRIGANTS

<i>glycine (gu irrigant) soln 1.5%</i>	Preferred	
<i>sodium chloride (gu irrigant) soln .9%</i>	Preferred	

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl (generic of UROXATRAL) tb24 10mg</i>	Preferred	
<i>finasteride (generic of PROSCAR) tabs 5mg</i>	Preferred	
<i>tamsulosin hcl caps .4mg</i>	Preferred	

URINARY ANALGESICS

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

GOUT AGENT COMBINATIONS

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

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

<i>probenecid tabs 500mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
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, 2MG, 5MG	Preferred-PA	SP, PA
TRETTEN SOLR 2500UNIT	Preferred-PA	SP, PA
VONVENDI SOLR 650UNIT, 1300UNIT	Preferred-PA	SP, PA
WILATE INJ	Preferred-PA	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	Preferred-PA	SP, PA
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	Preferred-PA	SP, PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc</i> 400mg	Preferred	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps</i> 1mg	Preferred	
<i>anagrelide hcl (generic of AGRYLIN) caps</i> .5mg	Preferred	
<i>aspirin-dipyridamole cap er 12hr</i> 25-200 mg	Preferred	
BRILINTA TABS 60MG, 90MG	Preferred	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate (generic of PLAVIX) tabs</i> 75mg	Preferred	
<i>clopidogrel bisulfate tabs</i> 300mg	Preferred	QL (4 tabs every 30 days)
<i>dipyridamole tabs</i> 25mg, 50mg, 75mg	Preferred	
<i>ticagrelor (generic of BRILINTA) tabs</i> 60mg, 90mg	Preferred	QL (2 tabs every 1 day)
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR SICKLE CELL DISEASE		
ENDARI PACK 5GM	Preferred	SP
SIKLOS TABS 100MG, 1000MG	Preferred	AGE (Min 2, Max 17)

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

Drug Name	Drug Tier	Requirements/Limits
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XROMI SOLN 100MG/ML	Preferred	
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COBALAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	Preferred	
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FOLIC ACID/FOLATES

<i>folic acid tabs 1mg</i>	Preferred	
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HEMATOPOIETIC GROWTH FACTORS

EPOGEN SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML	Preferred-PA	SP, PA
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LEUKINE SOLR 250MCG	Preferred	SP
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NEUPOGEN SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	Preferred	SP
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PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred-PA	SP, PA
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STEM CELL MOBILIZERS

MOZOBIL SOLN 24MG/1.2ML	Preferred	SP
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<i>plerixafor (generic of MOZOBIL) soln 24mg/1.2ml</i>	Preferred	SP
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HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tabs 500mg</i>	Preferred	
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<i>tranexamic acid tabs 650mg</i>	Preferred	
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTIHISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) caps 25mg, 50mg; tabs 25mg</i>	Preferred	OTC
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<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Preferred	OTC
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<i>diphenhydramine-acetaminophen tab 38-500 mg (sleep)</i>	Preferred	OTC
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<i>doxylamine succinate (sleep) tabs 25mg</i>	Preferred	OTC
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BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred	
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NON-BARBITURATE HYPNOTICS

<i>estazolam tabs 1mg, 2mg</i>	Preferred	PA
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<i>quazepam tabs 15mg</i>	Preferred	PA
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<i>temazepam (generic of RESTORIL) caps 7.5mg, 15mg, 22.5mg, 30mg</i>	Preferred	PA
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<i>triazolam (generic of HALCION) tabs .25mg</i>	Preferred	PA
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<i>triazolam tabs .125mg</i>	Preferred	PA
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Drug Name	Drug Tier	Requirements/Limits
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%, 51.7%, 95%	Preferred	OTC

ELECTROLYTE-BASED OSMOTIC LAXATIVES

magnesium citrate soln 1.745gm/30ml	Preferred	OTC
magnesium hydroxide susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml	Preferred	OTC
sodium phosphate monobasic & dibasic enema (pediatric)	Preferred	OTC
sodium phosphate monobasic-sodium phos dibasic enema	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
SUFLAVE SOL	Preferred	
SUTAB TAB	Preferred	

LAXATIVES - MISCELLANEOUS

glycerin (laxative) supp 2gm, 2.1gm	Preferred	OTC
lactulose soln 10gm/15ml, 20gm/30ml	Preferred	AGE (Max 20)
polyethylene glycol 3350 pack 17gm; powd 17gm/scoop	Preferred	OTC

STIMULANT LAXATIVES

bisacodyl supp 10mg; tbec 5mg	Preferred	OTC
sennosides caps 8.6mg; tabs 8.6mg, 25mg	Preferred	OTC

SURFACTANT LAXATIVES

docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg	Preferred	OTC
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MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

azithromycin (generic of ZITHROMAX) solr 500mg; susr 200mg/5ml; tabs 250mg, 500mg	Preferred	
azithromycin susr 100mg/5ml; tabs 600mg	Preferred	
ZITHROMAX SOLR 500MG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	
<i>clarithromycin (generic of BIAXIN XL) tb24 500mg</i>	Preferred	

ERYTHROMYCINS

E.E.S. GRANULES SUSR 200MG/5ML	Preferred	
ERYPED 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 solr 500mg</i>	Preferred	

FIDAXOMICIN

DIFICID SUSR 40MG/ML; TABS 200MG	Preferred	
<i>fidaxomicin (generic of DIFICID) tabs 200mg</i>	Preferred	

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	Preferred	
CONDOMS MIS	Preferred	OTC
FC2 FEMALE MIS CONDOM	Preferred	OTC
FEMCAP MIS 22MM	Preferred	
FEMCAP MIS 26MM	Preferred	
FEMCAP MIS 30MM	Preferred	
OMNIFLEX DPR	Preferred	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	Preferred	

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	Preferred-PA	PA, QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	Preferred-PA	PA, QL (3 boxes every 25 days)
DEXCOM G6 MIS TRANSMIT	Preferred-PA	PA, QL (1 box every 90 days)
DEXCOM G7 MIS RECEIVER	Preferred-PA	PA, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	Preferred-PA	PA, QL (3 boxes every 25 days)
FREESTYLE LB KIT 2/SENSOR	Preferred-PA	PA, QL (2 boxes every 28 days)
FREESTYLE LB KIT 2PLS/SEN	Preferred-PA	PA, QL (2 boxes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LB KIT 3/SENSOR	Preferred-PA	PA, QL (2 boxes every 28 days)
FREESTYLE LB KIT 3PLS/SEN	Preferred-PA	PA, QL (2 boxes every 28 days)
FREESTYLE LB KIT 14D/SEN	Preferred-PA	PA, QL (2 boxes every 28 days); 14 Day Sensor
FREESTYLE LB MIS 2/READER	Preferred-PA	PA, QL (1 reader every year)
FREESTYLE LB MIS 3/READER	Preferred-PA	PA, QL (1 reader every year)
FREESTYLE LB MIS 14D/RDR	Preferred-PA	PA, QL (1 reader every year); 14 Day Reader
GUARDIAN 4 MIS SENSOR	Preferred-PA	PA, QL (5 boxes every 21 days)
GUARDIAN 4 MIS TRANSMIT	Preferred-PA	PA, QL (1 box every 90 days)
GUARDIAN CON MIS TRANSMIT	Preferred-PA	PA, QL (1 box every 90 days)
GUARDIAN MIS LINK 3	Preferred-PA	PA, QL (1 box every 90 days)
GUARDIAN MIS SENSOR 3	Preferred-PA	PA, QL (5 boxes every 21 days)
LANCETS MIS	Preferred	OTC
OMNIPOD 5 DX KIT INT G7G6	Preferred-PA	PA, QL (1 kit every year)
OMNIPOD 5 DX MIS POD G7G6	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD 5 L2 KIT INTRO G6	Preferred-PA	PA, QL (1 kit every year)
OMNIPOD 5 L2 MIS PODS G6	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD DASH MIS PODS	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD MIS POD PALS	Preferred	OTC
MISC. DEVICES		
ALCOHOL PREP PAD	Preferred	OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G	Preferred	OTC
PEN NEEDLES MIS 29GX12.7	Preferred	OTC
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIQ SOAJ 70MG/ML, 140MG/ML	Preferred-PA	PA
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred-PA	PA
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred-PA	PA
NURTEC TBDP 75MG	Preferred-PA	ST, PA
QULIPTA TABS 10MG, 30MG, 60MG	Preferred-PA	ST, PA
UBRELVY TABS 50MG, 100MG	Preferred-PA	ST, PA
VYEPTI SOLN 100MG/ML	Preferred-PA	PA
ZAVZPRET SOLN 10MG/ACT	Preferred-PA	ST, PA

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	Preferred	QL (5 supp every 7 days)

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	Preferred	QL (10 ampules every 30 days)

SEROTONIN AGONISTS		
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	Preferred	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	Preferred	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	Preferred	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Preferred	QL (6 mL every 15 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	Preferred	QL (1 mL every 14 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	Preferred	QL (6 mL every 28 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg</i>	Preferred	QL (3 mL every 5 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 100mg</i>	Preferred	QL (9 tabs every 30 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLUORIDE		
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml</i>	Preferred	

PHOSPHATE		
<i>K-PHOS TAB NEUTRAL</i>	Preferred	
<i>PHOSPHA 250 TAB NEUTRAL</i>	Preferred	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Preferred	

POTASSIUM		
<i>EFFER-K TBEF 25MEQ</i>	Preferred	
<i>KLOR-CON 8 TBCR 8MEQ</i>	Preferred	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%; tbcr 10meq, 20meq</i>	Preferred	
<i>potassium chloride (generic of KLOR-CON 8) tbcr 8meq</i>	Preferred	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	Preferred	

MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
<i>DEPEN TITRATABS TABS 250MG</i>	Preferred	SP
<i>penicillamine (generic of CUPRIMINE) caps 250mg</i>	Preferred	SP
<i>penicillamine (generic of DEPEN TITRATABS) tabs 250mg</i>	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl</i> (generic of SYPRINE) caps 250mg	Preferred	SP
<i>trientine hcl</i> caps 500mg	Preferred	SP

IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT

<i>azathioprine</i> (generic of IMURAN) tabs 50mg	Preferred	
<i>cyclosporine</i> (generic of SANDIMMUNE) caps 25mg, 100mg	Preferred	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	Preferred	
<i>cyclosporine modified (for microemulsion)</i> caps 50mg	Preferred	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg	Preferred	
<i>mycophenolate sodium</i> (generic of MYFORTIC) tabs 180mg, 360mg	Preferred	
<i>sirolimus</i> soln 1mg/ml; tabs .5mg, 1mg, 2mg	Preferred	
<i>tacrolimus</i> caps .5mg, 1mg, 5mg	Preferred	
<i>tacrolimus</i> (generic of PROGRAF) caps .5mg, 1mg, 5mg	Preferred	

IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE

water for irrigation, sterile irrigation soln	Preferred	
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POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM

<i>sodium polystyrene sulfonate</i> susp 15gm/60ml	Preferred	
<i>sodium polystyrene sulfonate</i> powder	Preferred	

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl</i> (mouth-throat) soln 2%, 4%	Preferred	
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ANTI-INFECTIVES - THROAT

<i>clotrimazole</i> troc 10mg	Preferred	
NYSTATIN SUSP 100000UNIT/ML	Preferred	
<i>nystatin</i> (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml	Preferred	

ANTISEPTICS - MOUTH/THROAT

<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) soln .12%	Preferred	
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STEROIDS - MOUTH/THROAT/DENTAL

<i>triamcinolone acetonide</i> (mouth) pste .1%	Preferred	
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THROAT PRODUCTS - MISC.

<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) tabs 5mg, 7.5mg	Preferred	
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MULTIVITAMINS - DRUGS FOR NUTRITION

PRENATAL VITAMINS

COMPLETENATE CHW	Preferred	AGE (Min 10, Max 55)
M-NATAL PLUS TAB	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
NIVA-PLUS TAB	Preferred	AGE (Min 10, Max 55)
OB COMPLETE TAB	Preferred	AGE (Min 10, Max 55)
PNV 27-CA/FE TAB /FA	Preferred	AGE (Min 10, Max 55)
PRENATAL 19 CHW TAB	Preferred	AGE (Min 10, Max 55)
PRENATAL TAB 27-1MG	Preferred	AGE (Min 10, Max 55)
PRENATAL TAB PLUS	Preferred	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)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen (generic of FLEQSUVY) 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 15mg</i>	Preferred	
<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)

DIRECT MUSCLE RELAXANTS

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

MUSCLE RELAXANT COMBINATIONS

<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	Preferred	
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

<i>saline soln .65%</i>	Preferred	OTC
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NASAL ANTIALLERGY

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

NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	Preferred	QL (25 gm every 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Preferred	QL (16 gm every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Preferred	QL (16 gm every 30 days), OTC
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	Preferred	OTC

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl soln .05%</i>	Preferred	OTC
<i>phenylephrine hcl (oral) tabs 10mg</i>	Preferred	OTC
<i>pseudoephedrine hcl tabs 30mg, 60mg; tb12 120mg</i>	Preferred	OTC

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

<i>riluzole tabs 50mg</i>	Preferred	
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OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	Preferred	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	Preferred	OTC
<i>polyvinyl alcohol soln 1.4%</i>	Preferred	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Preferred	OTC

BETA-BLOCKERS - OPHTHALMIC

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

CYCLOPLEGIC MYDRIATICS

ATROPINE SULFATE SOLN 1%	Preferred	
<i>atropine sulfate (ophthalmic) soln 1%</i>	Preferred	
CYCLOMYDRIL SOL OP	Preferred	
<i>cyclopentolate hcl (generic of CYCLOGYL) soln 1%</i>	Preferred	
<i>tropicamide (generic of MYDRIACYL) soln 1%</i>	Preferred	
<i>tropicamide soln .5%</i>	Preferred	

MIOTICS

<i>pilocarpine hcl soln 1%, 1.25%, 2%, 4%</i>	Preferred	
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OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOLN .1%, .15%	Preferred	
<i>brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%</i>	Preferred	
<i>brimonidine tartrate soln .2%</i>	Preferred	

OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin-polymyxin b ophth oint</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT .3%	Preferred	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Preferred	
<i>erythromycin (ophth) oint 5mg/gm</i>	Preferred	
<i>gentamicin sulfate (ophth) soln .3%</i>	Preferred	
<i>levofloxacin (ophth) soln .5%</i>	Preferred	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Preferred	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Preferred	
<i>ofloxacin (ophth) (generic of OCUFLOX) soln .3%</i>	Preferred	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Preferred	
<i>sulfacetamide sodium (ophth) soln 10%</i>	Preferred	
<i>tobramycin (ophth) soln .3%</i>	Preferred	
TOBEX OINT .3%	Preferred	
<i>trifluridine soln 1%</i>	Preferred	
ZIRGAN GEL .15%	Preferred	

OPHTHALMIC DECONGESTANTS

<i>naphazoline w/ pheniramine ophth soln 0.025-0.3%</i>	Preferred	OTC
<i>tetrahydrozoline hcl (ophth) soln .05%</i>	Preferred	OTC

OPHTHALMIC STEROIDS

ALREX SUSP .2%	Preferred	QL (10 mL every 14 days)
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Preferred	QL (15 mL every 14 days)
FLAREX SUSP .1%	Preferred	QL (15 mL every 14 days)
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) susp .1%</i>	Preferred	
FML FORTE SUSP .25%	Preferred	QL (10 mL every 14 days)
<i>loteprednol etabonate (generic of ALREX) susp .2%</i>	Preferred	QL (10 mL every 14 days)
<i>loteprednol etabonate (generic of LOTEMAX) susp .5%</i>	Preferred	QL (20 mL every 14 days)
MAXIDEX SUSP .1%	Preferred	QL (1.786 mL every 1 day)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-hc ophth susp</i>	Preferred	
PRED MILD SUSP .12%	Preferred	QL (20 mL every 14 days)
<i>prednisolone acetate (ophth) (generic of PRED FORTE) susp 1%</i>	Preferred	QL (20 mL every 14 days)
PREDNISOLONE SODIUM PHOSP SOLN 1%	Preferred	QL (20 mL every 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Preferred	

OPHTHALMICS - MISC.

<i>azelastine hcl (ophth) soln .05%</i>	Preferred	QL (12 mL every 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth) soln 4%</i>	Preferred	QL (50 mL every 30 days)
<i>diclofenac sodium (ophth) soln .1%</i>	Preferred	QL (10 mL every 14 days)
<i>dorzolamide hcl soln 2%</i>	Preferred	
<i>flurbiprofen sodium soln .03%</i>	Preferred	
<i>ketorolac tromethamine (ophth) soln .4%</i>	Preferred	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) soln .5%</i>	Preferred	QL (20 mL every 30 days)
<i>ketotifen fumarate (ophth) soln .035%</i>	Preferred	OTC
<i>ophthalmic irrigation solution soln 99.05%</i>	Preferred	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>latanoprost (generic of XALATAN) soln .005%</i>	Preferred	
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OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid (otic) soln 2%</i>	Preferred	
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OTIC ANTI-INFECTIVES

<i>ofloxacin (otic) soln .3%</i>	Preferred	
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OTIC COMBINATIONS

<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	

OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

<i>methylergonovine maleate tabs .2mg</i>	Preferred	QL (0.933 tabs every 1 day)
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PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

ANTITOXINS-ANTIVENINS

ANTIVENIN KIT LAT MACT	Preferred	
ANTIVENIN NA INJ CORAL SN	Preferred	

IMMUNE SERUMS

CUVITRU SOLN 10GM/50ML	Preferred	SP
HEPAGAM B SOLN 312UNIT/ML	Preferred	SP
HIZENTRA SOLN 10GM/50ML; SOSY 10GM/50ML	Preferred	SP
HYPERRAB SOLN 300UNIT/ML, 900UNIT/3ML, 1500UNIT/5ML	Preferred	
HYPERRHO SOSY 1500UNIT	Preferred	SP
KEDRAB SOLN 300UNIT/2ML, 1500UNIT/10ML	Preferred	
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	Preferred	SP
VARIZIG SOLN 125UNIT/1.2ML	Preferred	SP
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	Preferred	SP

MONOCLONAL ANTIBODIES

BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
ENFLONIA SOSY 105MG/0.7ML	Preferred	
ZINPLAVA SOLN 1000MG/40ML	Preferred	

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<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
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	Preferred

NATURAL PENICILLINS

BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	Preferred
PEN GK/DEXTR INJ 40000/ML	Preferred
PEN GK/DEXTR INJ 60000/ML	Preferred
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	Preferred
<i>penicillin g sodium solr 5000000unit</i>	Preferred
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Preferred
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Preferred
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Preferred
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Preferred
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Preferred
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Preferred
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Preferred
BICILLIN C-R INJ 900/300	Preferred
BICILLIN C-R INJ 1200000	Preferred
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Preferred
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Preferred

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Preferred	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Preferred	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	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	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	Preferred	
NAFCILLIN INJ 2GM/100	Preferred	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	Preferred	
OXACILLIN INJ 2GM	Preferred	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	Preferred	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate (generic of PROVERA) tabs 2.5mg, 5mg, 10mg</i>	Preferred	
<i>progesterone (generic of PROMETRIUM) caps 100mg, 200mg</i>	Preferred	
<i>progesterone oil 50mg/ml</i>	Preferred	

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

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	Preferred	
<i>disulfiram tabs 250mg, 500mg</i>	Preferred	
<i>lofexidine hcl (generic of LUCEMYRA) tabs .18mg</i>	Preferred	
LUCEMYRA TABS .18MG	Preferred	

ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride (generic of ARICEPT) tabs 5mg, 10mg, 23mg</i>	Preferred	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	Preferred	
<i>memantine hcl tabs 5mg, 10mg</i>	Preferred	QL (2 tabs every 1 day)

COMBINATION PSYCHOTHERAPEUTICS

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Preferred	PA
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Preferred	PA
LYBALVI TAB 5-10MG	Preferred	AGE (Min 8)
LYBALVI TAB 10-10MG	Preferred	AGE (Min 8)
LYBALVI TAB 15-10MG	Preferred	AGE (Min 8)

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 20-10MG	Preferred	AGE (Min 8)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Preferred	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	Preferred-PA	SP, PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	Preferred-PA	SP, PA
AUSTEDO XR TAB TITR KIT	Preferred-PA	SP, PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	Preferred-PA	SP, PA
INGREZZA CAP 40-80MG	Preferred-PA	SP, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON KIT .3MG	Preferred	SP
COPAXONE SOSY 20MG/ML, 40MG/ML	Preferred	SP
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 120mg, 240mg</i>	Preferred	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)</i>	Preferred	SP
GILENYA CAPS .5MG	Preferred-PA	SP, PA
<i>glatiramer acetate (generic of COPAXONE) sosy 20mg/ml, 40mg/ml</i>	Preferred	SP, PA
<i>glatiramer acetate (generic of COPAXONE) sosy 20mg/ml, 40mg/ml</i>	Preferred	SP; Glatopa
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred	SP
REBIF REBIDO INJ TITRATN	Preferred	SP
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	Preferred	SP
REBIF TITRTN INJ PACK	Preferred	SP
TECFIDERA CPDR 120MG, 240MG	Preferred	SP
TECFIDERA CAP STARTER	Preferred	SP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>pimozide tabs 1mg, 2mg</i>	Preferred	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Preferred	
CHANTIX TABS .5MG, 1MG	Preferred	QL (2 tabs every 1 day)
CHANTIX CONTINUING MONTH TABS 1MG	Preferred	QL (2 tabs every 1 day)
CHANTIX TAB 0.5& 1MG	Preferred	QL (2 tabs every 1 day)
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Preferred	OTC
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
NICOTINE SYS KIT TRANSDER	Preferred	OTC
NICOTROL NS SOLN 10MG/ML	Preferred	QL (10 mL every 2 days)
<i>varenicline tartrate</i> (generic of CHANTIX) <i>tabs</i> .5mg, 1mg	Preferred	QL (2 tabs every 1 day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Preferred	QL (2 tabs every 1 day)

TRANSTHYRETIN AMYLOIDOSIS AGENTS

ONPATTRO SOLN 10MG/5ML	Preferred	SP
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RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS

CYSTIC FIBROSIS AGENTS

PULMOZYME SOLN 2.5MG/2.5ML	Preferred	SP
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SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

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

AMINOMETHYLCYCLINES

NUZYRA SOLR 100MG	Preferred	
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FLUOROCYCLINES

XERAVA SOLR 50MG	Preferred	
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GLYCYLCYCLINES

TIGECYCLINE SOLR 50MG	Preferred	
<i>tigecycline</i> (generic of TYGACIL) <i>solr 50mg</i>	Preferred	
TYGACIL SOLR 50MG	Preferred	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tabs 150mg, 300mg</i>	Preferred	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg</i>	Preferred	QL (2 caps every 1 day)
<i>doxycycline (monohydrate) susr 25mg/5ml</i>	Preferred	
<i>doxycycline (monohydrate) tabs 50mg, 75mg, 100mg, 150mg</i>	Preferred	QL (2 tabs every 1 day)
<i>doxycycline hyclate caps 50mg, 100mg</i>	Preferred	QL (2 caps every 1 day)
<i>doxycycline hyclate solr 100mg; tabs 20mg</i>	Preferred	
<i>doxycycline hyclate tabs 50mg</i>	Preferred	QL (4 tabs every 1 day)
<i>doxycycline hyclate tabs 75mg, 100mg, 150mg</i>	Preferred	QL (2 tabs every 1 day)
MINOCIN SOLR 100MG	Preferred	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Preferred	
<i>tetracycline hcl caps 250mg, 500mg</i>	Preferred	
TETRACYCLINE HYDROCHLORID TABS 250MG, 500MG	Preferred	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
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<i>propylthiouracil tabs 50mg</i>	Preferred	
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THYROID HORMONES

ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	Preferred	
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EVEXITHROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG, 180MG	Preferred	
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<i>levothyroxine sodium (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred	QL (2 tabs every 1 day)
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<i>liothyronine sodium (generic of CYTOMEL) tabs 5mcg, 25mcg, 50mcg</i>	Preferred	
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NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
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NP THYROID 15 TABS 15MG	Preferred	
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NP THYROID 30 TABS 30MG	Preferred	
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NP THYROID 60 TABS 60MG	Preferred	
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NP THYROID 90 TABS 90MG	Preferred	
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NP THYROID 120 TABS 120MG	Preferred	
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RENTHYROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	Preferred	
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THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
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TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	Preferred	
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BOOSTRIX INJ	Preferred	
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DAPTACEL INJ	Preferred	
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INFANRIX INJ	Preferred	
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KINRIX INJ	Preferred	
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PEDIARIX INJ 0.5ML	Preferred	
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PENTACEL INJ	Preferred	
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QUADRACEL INJ 0.5ML	Preferred	
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TENIVAC INJ 5-2LF	Preferred	
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VAXELIS INJ	Preferred	
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ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

BELLA/OPIUM SUP 16.2-30	Preferred	
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BELLA/OPIUM SUP 16.2-60	Preferred	
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<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg, 40mg</i>	Preferred	
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<i>glycopyrrolate (generic of CUVPOSA) soln 1mg/5ml</i>	Preferred	
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<i>glycopyrrolate tabs 1mg, 2mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
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	
cimetidine hcl soln 300mg/5ml	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

sucralfate susp 1gm/10ml	Preferred	
sucralfate (generic of CARAFATE) tabs 1gm	Preferred	

PROTON PUMP INHIBITORS

lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg	Preferred	AGE (Max 10)
omeprazole cpdr 10mg, 20mg, 40mg	Preferred	AGE (Max 20)
omeprazole tbec 20mg	Preferred	AGE (Max 20), OTC
omeprazole magnesium tbec 20mg	Preferred	AGE (Max 20), OTC
pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg	Preferred	AGE (Max 20)

ULCER DRUGS - PROSTAGLANDINS

misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg	Preferred	PA
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URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

oxybutynin chloride soln 5mg/5ml; tabs 2.5mg, 5mg; tb24 5mg, 10mg, 15mg	Preferred	
solifenacin succinate (generic of VESICARE) tabs 5mg, 10mg	Preferred	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TABS 75MG	Preferred	
mirabegron (generic of MYRBETRIQ) tb24 25mg, 50mg	Preferred	
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	Preferred	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

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

BACTERIAL VACCINES

ACTHIB INJ	Preferred	
BEXSERO SUSY .5ML	Preferred	
CAPVAXIVE SOSY .5ML	Preferred	
HIBERIX SOLR 10MCG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI SOLN .5ML	Preferred	
MENVEO INJ	Preferred	
MENVEO SOL	Preferred	
PEDVAX HIB SUSP 7.5MCG/0.5ML	Preferred	
PENBRAYA INJ	Preferred	
PENMENVY INJ	Preferred	
PNEUMOVAX 23 SOSY 25MCG/0.5ML	Preferred	
PREVNAR 20 INJ	Preferred	
TRUMENBA SUSY .5ML	Preferred	
TYPHIM VI SOSY 25MCG/0.5ML	Preferred	
VAXCHORA SUS	Preferred	
VAXNEUVANCE INJ	Preferred	
VIVOTIF CAP EC	Preferred	

VIRAL VACCINES

ABRYSVO SOLR 120MCG/0.5ML	Preferred	
AFLURIA INJ 2025-26	Preferred	
AREXVY SUSR 120MCG/0.5ML	Preferred	
COMIRNATY 2025-26 SUSY 30MCG/0.3ML	Preferred	
COMIRNATY/5-11Y/2025-26 SUSP 10MCG/0.3ML	Preferred	
DENGVAXIA SUS	Preferred	
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	Preferred	
FLUAD INJ 2025-26	Preferred	
FLUARIX INJ 2025-26	Preferred	
FLUBLOK INJ 2025-26	Preferred	
FLUCELVAX INJ 2025-26	Preferred	
FLULAVAL INJ 2025-26	Preferred	
FLUMIST NASA LIQ 2025-26	Preferred	
FLUZONE HD INJ 2025-26	Preferred	
FLUZONE INJ 2025-26	Preferred	
GARDASIL 9 SUSP .5ML; SUSY .5ML	Preferred	
HAVRIX SUSY 720ELU/0.5ML, 1440UNIT/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	
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	Preferred	
NUVAXOVID COVID-19 VACCIN SUSY 5MCG/0.5ML	Preferred	
PRIORIX INJ	Preferred	
PROQUAD INJ	Preferred	
RABAVERT INJ	Preferred	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	Preferred	
ROTARIX SUS	Preferred	
ROTATEQ SOL	Preferred	
SHINGRIX SUSR 50MCG/0.5ML; SUSY 50MCG/0.5ML	Preferred	QL (2 injections per lifetime)
SPIKEVAX COVID-19 VACCINE SUSY 25MCG/0.25ML, 50MCG/0.5ML	Preferred	
TWINRIX INJ	Preferred	
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	Preferred	
VARIVAX SUSR 1350PFU/0.5ML	Preferred	
VIMKUNYA SUSY 40MCG/0.8ML	Preferred	
YF-VAX INJ	Preferred	

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100MG	Preferred	QL (3 supp every 30 days)
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) <i>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%</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200mg</i>	Preferred	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	Preferred	
<i>tioconazole vaginal oint 6.5%</i>	Preferred	OTC

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXX GEL	Preferred	
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VAGINAL ESTROGENS

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

VAGINAL PROGESTINS

ENDOMETRIN INST 100MG	Preferred	
<i>progesterone (vaginal)</i> (generic of ENDOMETRIN) <i>inst 100mg</i>	Preferred	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION

AUVI-Q SOAJ .1MG/0.1ML	Preferred	
AUVI-Q SOAJ .3MG/0.3ML	Preferred	QL (4 pens every 365 days)

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q SOAJ .15MG/0.15ML	Preferred	QL (2 pens every 365 days)
<i>epinephrine (anaphylaxis) soaj .3mg/0.3ml</i>	Preferred	QL (4 pens every 365 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) soaj .3mg/0.3ml</i>	Preferred	QL (4 pens every 365 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) soaj .15mg/0.3ml</i>	Preferred	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	Preferred	QL (2 pens every 365 days)
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	Preferred	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

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

OIL SOLUBLE VITAMINS

DRISDOL CAPS 50000UNIT	Preferred	
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	Preferred	
<i>phytonadione tabs 5mg</i>	Preferred	

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