



# **CountyCare Health Plan Medicaid Formulary**

The Formulary is up to date through its effective date of July 1, 2026.  
Please notify CountyCare Health Plan at:  
CountyCarePharmacy@cookcountyhealth.org  
or 312.864.8200 with any mistakes in the formulary.  
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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](http://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 product 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](https://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                              |
|----------------------|-----------------------------------------|
| <b>AGE</b>           | Age Limit                               |
| <b>BRAND DRUGS</b>   | Listed in CAPITALIZED LETTERS           |
| <b>GENERIC DRUGS</b> | Listed in lower case italicized letters |
| <b>OTC</b>           | Over the Counter Medication             |
| <b>PA</b>            | Prior Authorization                     |
| <b>QL</b>            | Quantity Limit                          |
| <b>SP</b>            | Specialty Drug                          |
| <b>ST</b>            | Step Therapy                            |

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©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 |
|------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b> |           |                     |

**AMPHETAMINES**

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

**ANALEPTICS**

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

| Drug Name                                                     | Drug Tier    | Requirements/Limits                          |
|---------------------------------------------------------------|--------------|----------------------------------------------|
| atomoxetine hcl caps 40mg                                     | Preferred    | QL (2 caps every 1 day), AGE (Min 6)         |
| atomoxetine hcl caps 60mg, 80mg, 100mg                        | Preferred    | QL (1 cap every 1 day), AGE (Min 6)          |
| clonidine hcl (adhd) tb12 .1mg                                | Preferred    | QL (4 tabs every 1 day), AGE (Min 6, Max 18) |
| guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 4mg | Preferred    | QL (1 tab every 1 day), AGE (Min 6, Max 18)  |
| guanfacine hcl (adhd) (generic of INTUNIV) tb24 3mg           | Preferred    | QL (2 tabs every 1 day), AGE (Min 6, Max 18) |
| 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)          |
| dexmethylphenidate hcl (generic of FOCALIN) tabs 2.5mg, 5mg | Preferred    | QL (4 tabs every 1 day), AGE (Min 6, Max 18)         |
| dexmethylphenidate hcl (generic of FOCALIN) tabs 10mg       | Preferred    | QL (2 tabs every 1 day), AGE (Min 6, Max 18)         |
| FOCALIN XR CP24 5MG, 10MG, 15MG, 20MG                       | Preferred    | QL (2 caps every 1 day), AGE (Min 6, Max 18)         |
| FOCALIN XR CP24 25MG, 30MG, 35MG, 40MG                      | Preferred    | QL (1 cap every 1 day), AGE (Min 6, Max 18)          |
| JORNAY PM CP24 20MG, 40MG                                   | Preferred-PA | 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)  |
| methylphenidate hcl (generic of RITALIN) tabs 5mg, 10mg     | Preferred    | QL (6 tabs every 1 day), AGE (Min 6, Max 18)         |
| methylphenidate hcl (generic of RITALIN) tabs 20mg          | Preferred    | QL (3 tabs every 1 day), AGE (Min 6, Max 18)         |
| methylphenidate hcl tbc 10mg, 20mg                          | Preferred    | QL (3 tabs every 1 day), AGE (Min 6, Max 18)         |
| modafinil (generic of PROVIGIL) tabs 100mg, 200mg           | Preferred    | QL (2 tabs every 1 day), AGE (Min 18)                |
| 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

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

| Drug Name                                                              | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------|-----------|---------------------|
| <b>ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES</b> |           |                     |
| <b>ALTERNATIVE MEDICINE - M'S</b>                                      |           |                     |

|                           |           |     |
|---------------------------|-----------|-----|
| <i>melatonin tabs 3mg</i> | Preferred | OTC |
|---------------------------|-----------|-----|

**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 |
|-----------------------------------------------------------|-----------|

|                                   |           |    |
|-----------------------------------|-----------|----|
| <i>KITABIS PAK NEBU 300MG/5ML</i> | 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 |
|--------------------------------------------------------------------------|-----------|

|                               |           |
|-------------------------------|-----------|
| <i>ZEMDRI SOLN 500MG/10ML</i> | Preferred |
|-------------------------------|-----------|

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

**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

|                                                                                 |              |        |
|---------------------------------------------------------------------------------|--------------|--------|
| <i>ADALIMUMAB-ADBM AJKT 40MG/0.4ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML</i> | Preferred-PA | SP, PA |
|---------------------------------------------------------------------------------|--------------|--------|

|                                             |              |        |
|---------------------------------------------|--------------|--------|
| <i>SIMLANDI PSKT 20MG/0.2ML, 40MG/0.4ML</i> | Preferred-PA | SP, PA |
|---------------------------------------------|--------------|--------|

|                                                       |              |        |
|-------------------------------------------------------|--------------|--------|
| <i>SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML</i> | Preferred-PA | SP, PA |
|-------------------------------------------------------|--------------|--------|

|                                           |              |        |
|-------------------------------------------|--------------|--------|
| <i>SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML</i> | Preferred-PA | SP, PA |
|-------------------------------------------|--------------|--------|

**ANTIRHEUMATIC - ENZYME INHIBITORS**

|                                     |              |        |
|-------------------------------------|--------------|--------|
| <i>RINVOQ TB24 15MG, 30MG, 45MG</i> | Preferred-PA | SP, PA |
|-------------------------------------|--------------|--------|

|                              |              |        |
|------------------------------|--------------|--------|
| <i>RINVOQ LQ SOLN 1MG/ML</i> | Preferred-PA | SP, PA |
|------------------------------|--------------|--------|

|                                            |              |        |
|--------------------------------------------|--------------|--------|
| <i>XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG</i> | Preferred-PA | SP, PA |
|--------------------------------------------|--------------|--------|

|                                   |              |        |
|-----------------------------------|--------------|--------|
| <i>XELJANZ XR TB24 11MG, 22MG</i> | 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 |
|----------------------------------------------------------------------------------------------|-----------|-----|

|                                                                  |           |
|------------------------------------------------------------------|-----------|
| <i>ibuprofen susp 100mg/5ml; tabs 300mg, 400mg, 600mg, 800mg</i> | Preferred |
|------------------------------------------------------------------|-----------|

| Drug Name                                                            | Drug Tier | Requirements/Limits     |
|----------------------------------------------------------------------|-----------|-------------------------|
| indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg                   | Preferred |                         |
| indomethacin (generic of INDOCIN) susp 25mg/5ml                      | Preferred |                         |
| ketoprofen caps 50mg, 75mg                                           | Preferred |                         |
| ketorolac tromethamine soln 30mg/ml, 60mg/2ml                        | Preferred |                         |
| ketorolac tromethamine tabs 10mg                                     | Preferred | QL (4 tabs every 1 day) |
| meloxicam tabs 7.5mg, 15mg                                           | Preferred |                         |
| nabumetone tabs 500mg, 750mg                                         | Preferred |                         |
| naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg | Preferred |                         |
| naproxen sodium caps 220mg; tabs 220mg                               | Preferred | OTC                     |
| naproxen sodium tabs 275mg, 550mg                                    | Preferred |                         |
| sulindac tabs 150mg, 200mg                                           | Preferred |                         |

### **PYRIMIDINE SYNTHESIS INHIBITORS**

|                                                |           |  |
|------------------------------------------------|-----------|--|
| leflunomide (generic of ARAVA) tabs 10mg, 20mg | Preferred |  |
|------------------------------------------------|-----------|--|

### **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**

|                                                                         |           |                         |
|-------------------------------------------------------------------------|-----------|-------------------------|
| butalbital-acetaminophen tab 50-300 mg                                  | Preferred | QL (6 tabs every 1 day) |
| butalbital-acetaminophen tab 50-325 mg                                  | Preferred |                         |
| butalbital-acetaminophen-cafeine cap 50-300-40 mg (generic of FIORICET) | Preferred |                         |
| butalbital-acetaminophen-cafeine cap 50-325-40 mg                       | Preferred |                         |
| butalbital-acetaminophen-cafeine tab 50-325-40 mg                       | Preferred |                         |
| butalbital-aspirin-cafeine cap 50-325-40 mg                             | Preferred |                         |

### **ANALGESICS OTHER**

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

### **SALICYLATES**

|                                                     |           |     |
|-----------------------------------------------------|-----------|-----|
| aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg     | Preferred | OTC |
| ASPIRIN SUPP 300MG                                  | Preferred | OTC |
| aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg | Preferred | OTC |
| diflunisal tabs 500mg                               | Preferred |     |

| Drug Name                          | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| <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) tbc 15mg, 30mg, 60mg</i>                                     | Preferred-PA | PA, QL (3 tabs every 1 day)                |
| <i>morphine sulfate tbc 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)               |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>                     | Preferred | PA                                         |

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

### **OPIOID PARTIAL AGONISTS**

|                                                                                                              |           |    |
|--------------------------------------------------------------------------------------------------------------|-----------|----|
| BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML,<br>24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML,<br>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><br>(base equiv) (generic of SUBOXONE)                 | Preferred |    |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base</i><br><i>equiv) (generic of SUBOXONE)</i>            | Preferred |    |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base</i><br><i>equiv) (generic of SUBOXONE)</i>            | Preferred |    |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i><br>(base equiv) (generic of SUBOXONE)                  | Preferred |    |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i><br>(base equiv)                                        | Preferred |    |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base</i><br><i>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 |    |

### **ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES**

#### **ANDROGENS**

|                                        |           |
|----------------------------------------|-----------|
| <i>danazol caps 50mg, 100mg, 200mg</i> | Preferred |
|----------------------------------------|-----------|

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

| Drug Name                                                                                                            | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>pentamidine isethionate</i> (generic of NEBUPENT)<br><i>solr 300mg</i>                                            | Preferred |                     |
| <i>trimethoprim tabs 100mg</i>                                                                                       | Preferred |                     |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>                                                                           |           |                     |
| <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><br>(generic of BACTRIM)                                           | Preferred |                     |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i><br>(generic of BACTRIM DS)                                       | Preferred |                     |
| <b>ANTIPROTOZOAL AGENTS</b>                                                                                          |           |                     |
| <i>atovaquone</i> (generic of MEPRON) <i>susp 750mg/5ml</i>                                                          | Preferred |                     |
| <b>CARBAPENEMS</b>                                                                                                   |           |                     |
| <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><br>(generic of PRIMAXIN IV)                                   | Preferred |                     |
| MEROP/NACL INJ 1GM/50ML                                                                                              | Preferred |                     |
| MEROP/NACL INJ 500/50ML                                                                                              | Preferred |                     |
| <i>meropenem solr 1gm, 500mg</i>                                                                                     | Preferred |                     |
| PRIMAXIN IV INJ 500MG                                                                                                | Preferred |                     |
| VABOMERE INJ 2GM(1-1)                                                                                                | Preferred |                     |
| <b>CHLORAMPHENICOLS</b>                                                                                              |           |                     |
| <i>chloramphenicol sodium succinate solr 1gm</i>                                                                     | Preferred |                     |
| <b>CYCLIC LIPOPEPTIDES</b>                                                                                           |           |                     |
| <i>daptomycin</i> (generic of DAPTOMYCIN) <i>solr 350mg</i>                                                          | Preferred |                     |
| DAPTOMYCIN SOLR 350MG, 500MG                                                                                         | Preferred |                     |
| <i>daptomycin solr 500mg</i>                                                                                         | Preferred |                     |
| <b>GLYCOPEPTIDES</b>                                                                                                 |           |                     |
| <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,<br>1000MG/200ML, 1250MG/250ML,<br>1500MG/300ML, 1750MG/350ML,<br>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 |                     |

| <b>Drug Name</b>                                                                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| <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        |                              |
| <b>LEPROSTATICS</b>                                                                                                                                    |                  |                              |
| <i>dapsone tabs</i> 25mg, 100mg                                                                                                                        | Preferred        |                              |
| <b>LINCOSAMIDES</b>                                                                                                                                    |                  |                              |
| CLEOCIN PHOSPHATE SOLN 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        |                              |
| <b>MONOBACTAMS</b>                                                                                                                                     |                  |                              |
| <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 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 caps 25mg</i>                         | Preferred | QL (4 caps every 1 day) |
| <i>nitrofurantoin macrocrystal 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 |  |
| NITRO-TIME CPCR 2.5MG, 6.5MG, 9MG                                     | Preferred |  |
| <i>nitroglycerin oint 2%; pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i> | Preferred |  |
| <i>nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg</i>     | Preferred |  |

**ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY**

**ANTIANXIETY AGENTS - MISC.**

|                                                             |           |  |
|-------------------------------------------------------------|-----------|--|
| <i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>      | Preferred |  |
| <i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i> | Preferred |  |
| <i>hydroxyzine pamoate 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 |
| ATIVAN SOLN 2MG/ML                                              | Preferred | PA |
| <i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>                | Preferred | PA |

| Drug Name                                                      | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------|-----------|---------------------|
| clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg               | Preferred | PA                  |
| diazepam conc 5mg/ml; soln 5mg/5ml                             | Preferred | PA                  |
| diazepam (generic of VALIUM) tabs 2mg, 5mg, 10mg               | Preferred | PA                  |
| lorazepam conc 2mg/ml                                          | Preferred | PA                  |
| lorazepam (generic of ATIVAN) soln 2mg/ml; tabs .5mg, 1mg, 2mg | Preferred | PA                  |
| oxazepam caps 10mg, 15mg, 30mg                                 | Preferred | PA                  |

## ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

### ANTIARRHYTHMICS TYPE I-A

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

### ANTIARRHYTHMICS TYPE I-B

|                                         |           |  |
|-----------------------------------------|-----------|--|
| mexiletine hcl caps 150mg, 200mg, 250mg | Preferred |  |
|-----------------------------------------|-----------|--|

### ANTIARRHYTHMICS TYPE I-C

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

### ANTIARRHYTHMICS TYPE III

|                                                             |           |    |
|-------------------------------------------------------------|-----------|----|
| amiodarone hcl tabs 100mg, 200mg, 400mg                     | Preferred |    |
| dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg | Preferred | SP |

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

### ANTI-INFLAMMATORY AGENTS

|                               |           |  |
|-------------------------------|-----------|--|
| cromolyn sodium nebu 20mg/2ml | Preferred |  |
|-------------------------------|-----------|--|

### ANTIASTHMATIC - MONOCLONAL ANTIBODIES

|                                                                                               |              |                                      |
|-----------------------------------------------------------------------------------------------|--------------|--------------------------------------|
| 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                               |

### 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) |

| Drug Name                                                                           | Drug Tier | Requirements/Limits                   |
|-------------------------------------------------------------------------------------|-----------|---------------------------------------|
| <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</i> (generic of SPIRIVA HANDIHALER) caps 18mcg                | Preferred | QL (1 cap every 1 day)                |
| <b>LEUKOTRIENE MODULATORS</b>                                                       |           |                                       |
| <i>montelukast sodium</i> (generic of SINGULAIR) chew 4mg, 5mg; pack 4mg; tabs 10mg | Preferred |                                       |
| <i>zafirlukast tabs 10mg, 20mg</i>                                                  | Preferred |                                       |
| <b>STEROID INHALANTS</b>                                                            |           |                                       |
| 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)</i> (generic of PULMICORT) susp 1mg/2ml                  | Preferred | QL (2 mL every 1 day), AGE (Max 7)    |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml      | 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)         |
| <b>SYMPATHOMIMETICS</b>                                                             |           |                                       |
| ADVAIR DISKU AER 100/50                                                             | Preferred | QL (2 inhalations every 1 day)        |
| ADVAIR DISKU AER 250/50                                                             | Preferred | QL (2 inhalations every 1 day)        |
| ADVAIR DISKU AER 500/50                                                             | Preferred | QL (2 inhalations every 1 day)        |
| ADVAIR HFA AER 45/21                                                                | Preferred | QL (12 gm every 30 days)              |
| ADVAIR HFA AER 115/21                                                               | Preferred | QL (12 gm every 30 days)              |
| ADVAIR HFA AER 230/21                                                               | Preferred | QL (12 gm every 30 days)              |
| AIRSUPRA AER 90-80MCG                                                               | Preferred |                                       |

| Drug Name                                                               | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------------------|-----------|--------------------------------|
| <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 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 |  |
|------------------------------------------------------------------------------|-----------|--|

### **DIRECT FACTOR XA INHIBITORS**

|                               |           |                            |
|-------------------------------|-----------|----------------------------|
| ELIQUIS CPSP .15MG; TBSO .5MG | Preferred |                            |
| ELIQUIS TABS 2.5MG            | Preferred | QL (2 tabs every 1 day)    |
| ELIQUIS TABS 5MG              | Preferred | QL (74 tabs every 30 days) |
| ELIQUIS STARTER PACK TBPK 5MG | Preferred | 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) |
| <i>enoxaparin sodium (generic of LOVENOX) sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i> | Preferred |                          |
| <i>fondaparinux sodium (generic of ARIXTRA) soln 2.5mg/0.5ml</i>                                                                   | Preferred | QL (15 mL every 30 days) |
| <i>fondaparinux sodium (generic of ARIXTRA) soln 5mg/0.4ml</i>                                                                     | Preferred | QL (12 mL every 30 days) |

| <b>Drug Name</b>                                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| <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 18000UNIT/0.72ML                                                                                    | Preferred        | QL (43 mL every 30 days)    |
| HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY 5000UNIT/0.5ML                                                             | Preferred        |                             |
| <i>heparin sodium</i> (porcine) <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> (anticonvulsant) <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; <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 |  |
| <i>lamotrigine</i> (generic of LAMICTAL) <i>tabs</i> 25mg, 100mg, 150mg, 200mg                                                       | Preferred |  |
| LEVETIR/NACL INJ 5MG/ML                                                                                                              | Preferred |  |
| LEVETIR/NACL INJ 10MG/ML                                                                                                             | Preferred |  |
| LEVETIR/NACL INJ 15MG/ML                                                                                                             | Preferred |  |
| <i>levetiracetam</i> (generic of KEPPRA) <i>soln</i> 100mg/ml, 500mg/5ml; <i>tabs</i> 250mg, 500mg, 750mg, 1000mg                    | Preferred |  |

| <b>Drug Name</b>                                                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>levetiracetam</i> (generic of KEPPRA XR) <i>tb24</i> 500mg, 750mg                                                       | Preferred        |                            |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)                        | Preferred        |                            |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)                       | Preferred        |                            |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)                       | Preferred        |                            |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) <i>susp</i> 300mg/5ml; <i>tabs</i> 150mg, 300mg, 600mg                         | Preferred        |                            |
| <i>oxcarbazepine</i> (generic of OXTELLAR XR) <i>tb24</i> 150mg, 300mg, 600mg                                              | Preferred        |                            |
| <i>pregabalin</i> (generic of LYRICA) <i>caps</i> 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; <i>soln</i> 20mg/ml | Preferred        |                            |
| <i>primidone</i> (generic of MYSOLINE) <i>tabs</i> 50mg, 250mg                                                             | Preferred        |                            |
| <i>primidone tabs</i> 125mg                                                                                                | Preferred        |                            |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) <i>cpsp</i> 15mg, 25mg                                                     | Preferred        |                            |
| <i>topiramate cpsp</i> 50mg                                                                                                | Preferred        |                            |
| <i>topiramate</i> (generic of TOPAMAX) <i>tabs</i> 25mg, 50mg, 100mg, 200mg                                                | Preferred        |                            |
| VIMPAT SOLN 200MG/20ML                                                                                                     | Preferred        |                            |
| <i>zonisamide</i> (generic of ZONEGRAN) <i>caps</i> 25mg, 100mg                                                            | Preferred        |                            |
| <i>zonisamide caps</i> 50mg                                                                                                | Preferred        |                            |
| <b>CARBAMATES</b>                                                                                                          |                  |                            |
| 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        |                            |
| <b>HYDANTOINS</b>                                                                                                          |                  |                            |
| CEREBYX SOLN 100MGPE/2ML, 500MGPE/10ML                                                                                     | Preferred        |                            |
| <i>fosphenytoin sodium</i> (generic of CEREBYX) <i>soln</i> 100mgpe/2ml, 500mgpe/10ml                                      | Preferred        |                            |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) <i>chew</i> 50mg                                                           | Preferred        |                            |

| Drug Name                                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|-----------|---------------------|
| phenytoin (generic of DILANTIN-125) susp 125mg/5ml         | Preferred |                     |
| phenytoin sodium soln 50mg/ml                              | Preferred |                     |
| phenytoin sodium extended (generic of DILANTIN) caps 100mg | Preferred |                     |
| phenytoin sodium extended caps 200mg, 300mg                | Preferred |                     |

#### **SUCCINIMIDES**

|                                                               |           |  |
|---------------------------------------------------------------|-----------|--|
| ethosuximide (generic of ZARONTIN) caps 250mg; soln 250mg/5ml | Preferred |  |
|---------------------------------------------------------------|-----------|--|

#### **VALPROIC ACID**

|                                                                  |           |  |
|------------------------------------------------------------------|-----------|--|
| divalproex sodium (generic of DEPAKOTE SPRINKLES) csdr 125mg     | Preferred |  |
| divalproex sodium (generic of DEPAKOTE ER) tb24 250mg, 500mg     | Preferred |  |
| divalproex sodium (generic of DEPAKOTE) tbec 125mg, 250mg, 500mg | Preferred |  |
| valproate sodium soln 100mg/ml, 250mg/5ml, 500mg/5ml             | Preferred |  |
| valproic acid caps 250mg                                         | Preferred |  |

### **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

#### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

|                                                               |           |  |
|---------------------------------------------------------------|-----------|--|
| mirtazapine tabs 7.5mg, 45mg                                  | Preferred |  |
| mirtazapine (generic of REMERON) tabs 15mg, 30mg              | Preferred |  |
| mirtazapine (generic of REMERON SOLTAB) tbdp 15mg, 30mg, 45mg | Preferred |  |

#### **ANTIDEPRESSANTS - MISC.**

|                                                                   |           |                        |
|-------------------------------------------------------------------|-----------|------------------------|
| bupropion hcl tabs 75mg, 100mg                                    | Preferred |                        |
| bupropion hcl (generic of WELLBUTRIN SR) tb12 100mg, 150mg, 200mg | Preferred |                        |
| bupropion hcl (generic of WELLBUTRIN XL) tb24 150mg, 300mg        | Preferred |                        |
| bupropion hcl tb24 450mg                                          | Preferred | QL (1 tab every 1 day) |

#### **GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**

|                                |           |    |
|--------------------------------|-----------|----|
| ZURZUVAE CAPS 20MG, 25MG, 30MG | Preferred | SP |
|--------------------------------|-----------|----|

#### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

|                                                        |           |  |
|--------------------------------------------------------|-----------|--|
| phenelzine sulfate (generic of NARDIL) tabs 15mg       | Preferred |  |
| 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 |  |

| Drug Name                                                                  | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------|-----------|---------------------|
| 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) |
| DULOXETINE HYDROCHLORIDE CPEP 80MG, 90MG, 120MG                  | Preferred |                         |
| 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; 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 |  |

### **ANTIDIABETICS - DRUGS TO TREAT DIABETES**

#### **ALPHA-GLUCOSIDASE INHIBITORS**

|                                 |           |  |
|---------------------------------|-----------|--|
| acarbose tabs 25mg, 50mg, 100mg | Preferred |  |
| miglitol tabs 25mg, 50mg, 100mg | Preferred |  |

| Drug Name                                                                | Drug Tier    | Requirements/Limits           |
|--------------------------------------------------------------------------|--------------|-------------------------------|
| <b>ANTIDIABETIC COMBINATIONS</b>                                         |              |                               |
| <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    |                               |
| <b>BIGUANIDES</b>                                                        |              |                               |
| <i>metformin hcl tabs 500mg, 750mg, 850mg, 1000mg; tb24 500mg, 750mg</i> | Preferred    |                               |
| <b>DIABETIC OTHER</b>                                                    |              |                               |
| 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    |                               |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                         |              |                               |
| JANUVIA TABS 25MG, 50MG, 100MG                                           | Preferred    | QL (1 tab every 1 day)        |
| TRADJENTA TABS 5MG                                                       | Preferred    | QL (1 tab every 1 day)        |
| <b>INCRETIN MIMETIC AGENTS</b>                                           |              |                               |
| <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                            |
| <b>INSULIN</b>                                                           |              |                               |
| 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)  |
| 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)      |

| Drug Name                                 | Drug Tier | Requirements/Limits           |
|-------------------------------------------|-----------|-------------------------------|
| 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) tabs 15mg, 30mg, 45mg | Preferred |
|------------------------------------------------------------------|-----------|

### MEGLITINIDE ANALOGUES

|                                     |           |
|-------------------------------------|-----------|
| <i>nateglinide</i> tabs 60mg, 120mg | Preferred |
|-------------------------------------|-----------|

### 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</i> tabs 1mg, 2mg, 3mg, 4mg                     | Preferred |
| <i>glipizide</i> tabs 2.5mg, 5mg, 10mg, 15mg; tb24 2.5mg, 10mg | Preferred |
| <i>glipizide</i> (generic of GLUCOTROL XL) tb24 5mg            | Preferred |
| <i>glyburide</i> tabs 1.25mg, 2.5mg, 5mg                       | Preferred |

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

#### ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

#### ANTIPERISTALTIC AGENTS

|                                                                        |           |
|------------------------------------------------------------------------|-----------|
| <i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml                  | Preferred |
| <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL) | Preferred |

| Drug Name                                | Drug Tier | Requirements/Limits |
|------------------------------------------|-----------|---------------------|
| 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, 4mg/10ml; sosy .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 chew 25mg; tabs 12.5mg, 25mg, 50mg</i>       | Preferred |     |
| <i>scopolamine (generic of TRANSDERM SCOP) pt72 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 &amp; 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 |                         |
| <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 |  |
|-----------------------------------------------------------------|-----------|--|

| Drug Name                                      | Drug Tier | Requirements/Limits |
|------------------------------------------------|-----------|---------------------|
| fluconazole (generic of DIFLUCAN) susr 40mg/ml | Preferred |                     |
| itraconazole (generic of SPORANOX) caps 100mg  | Preferred |                     |
| ketoconazole tabs 200mg                        | Preferred |                     |

## ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

### ANTIHISTAMINES - ALKYLAMINES

|                                                 |           |     |
|-------------------------------------------------|-----------|-----|
| chlorpheniramine maleate syrp 2mg/5ml; tabs 4mg | Preferred | OTC |
|-------------------------------------------------|-----------|-----|

### ANTIHISTAMINES - ETHANOLAMINES

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

### ANTIHISTAMINES - NON-SEDATING

|                                                     |           |     |
|-----------------------------------------------------|-----------|-----|
| cetirizine hcl soln 1mg/ml                          | Preferred |     |
| cetirizine hcl soln 1mg/ml, 5mg/5ml; tabs 5mg, 10mg | Preferred | OTC |
| fexofenadine hcl tabs 60mg, 180mg                   | Preferred | OTC |
| loratadine soln 5mg/5ml; tabs 10mg                  | Preferred | OTC |

### ANTIHISTAMINES - PHENOTHIAZINES

|                                                                                    |           |  |
|------------------------------------------------------------------------------------|-----------|--|
| promethazine hcl soln 6.25mg/5ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg | Preferred |  |
|------------------------------------------------------------------------------------|-----------|--|

### ANTIHISTAMINES - PIPERIDINES

|                                           |           |  |
|-------------------------------------------|-----------|--|
| cycloheptadine hcl syrp 2mg/5ml; tabs 4mg | Preferred |  |
|-------------------------------------------|-----------|--|

## ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL

### BILE ACID SEQUESTRANTS

|                                                                |           |  |
|----------------------------------------------------------------|-----------|--|
| cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose   | Preferred |  |
| cholestyramine light pack 4gm                                  | Preferred |  |
| cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose | Preferred |  |

### FIBRIC ACID DERIVATIVES

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

### HMG COA REDUCTASE INHIBITORS

|                                                                       |           |                         |
|-----------------------------------------------------------------------|-----------|-------------------------|
| atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg | Preferred | QL (1 tab every 1 day)  |
| lovastatin tabs 10mg, 20mg, 40mg                                      | Preferred | QL (2 tabs every 1 day) |
| pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg                        | Preferred | QL (1 tab every 1 day)  |

| <b>Drug Name</b>                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------|------------------|----------------------------|
| rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg | Preferred        | QL (1 tab every 1 day)     |
| simvastatin tabs 5mg, 80mg                                           | Preferred        | QL (1 tab every 1 day)     |
| simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg                 | Preferred        | QL (1 tab every 1 day)     |

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

|                                        |           |                        |
|----------------------------------------|-----------|------------------------|
| ezetimibe (generic of ZETIA) tabs 10mg | Preferred | QL (1 tab every 1 day) |
|----------------------------------------|-----------|------------------------|

## **ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE**

### **ACE INHIBITORS**

|                                                                         |           |  |
|-------------------------------------------------------------------------|-----------|--|
| benazepril hcl tabs 5mg                                                 | Preferred |  |
| benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg              | Preferred |  |
| captopril tabs 12.5mg, 25mg, 50mg, 100mg                                | Preferred |  |
| enalapril maleate (generic of VASOTEC) tabs 2.5mg, 5mg, 10mg, 20mg      | Preferred |  |
| fosinopril sodium tabs 10mg, 20mg, 40mg                                 | Preferred |  |
| lisinopril (generic of ZESTRIL) tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | Preferred |  |
| moexipril hcl tabs 7.5mg, 15mg                                          | Preferred |  |
| quinapril hcl tabs 5mg, 10mg, 20mg, 40mg                                | Preferred |  |
| ramipril caps 1.25mg, 2.5mg, 5mg, 10mg                                  | Preferred |  |
| trandolapril tabs 1mg, 2mg, 4mg                                         | Preferred |  |

### **AGENTS FOR PHEOCHROMOCYTOMA**

|                       |           |    |
|-----------------------|-----------|----|
| metyrosine caps 250mg | Preferred | SP |
|-----------------------|-----------|----|

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

|                                                               |           |  |
|---------------------------------------------------------------|-----------|--|
| irbesartan tabs 75mg                                          | Preferred |  |
| irbesartan (generic of AVAPRO) tabs 150mg, 300mg              | Preferred |  |
| losartan potassium (generic of COZAAR) tabs 25mg, 50mg, 100mg | Preferred |  |
| valsartan soln 4mg/ml                                         | Preferred |  |
| valsartan (generic of DIOVAN) tabs 40mg, 80mg, 160mg, 320mg   | Preferred |  |

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

|                                                                 |           |  |
|-----------------------------------------------------------------|-----------|--|
| clonidine (generic of CATAPRES-TTS-1) ptwk .1mg/24hr            | Preferred |  |
| clonidine (generic of CATAPRES-TTS-2) ptwk .2mg/24hr            | Preferred |  |
| clonidine (generic of CATAPRES-TTS-3) ptwk .3mg/24hr            | Preferred |  |
| clonidine hcl tabs .05mg, .1mg, .2mg, .3mg                      | Preferred |  |
| doxazosin mesylate (generic of CARDURA) tabs 1mg, 2mg, 4mg, 8mg | Preferred |  |
| guanfacine hcl tabs 1mg, 2mg                                    | Preferred |  |

| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <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        |                            |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>                                                                |                  |                            |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>                                             | Preferred        |                            |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i><br>(generic of LOTREL)                        | 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</i><br>(generic of LOTREL)                       | Preferred        |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>                                              | Preferred        |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)  | Preferred        |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)  | Preferred        |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | Preferred        |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | Preferred        |                            |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i><br>(generic of EXFORGE)                           | Preferred        |                            |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i><br>(generic of EXFORGE)                           | Preferred        |                            |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i><br>(generic of EXFORGE)                          | Preferred        |                            |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i><br>(generic of EXFORGE)                          | Preferred        |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)          | Preferred        |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)            | Preferred        |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)         | Preferred        |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)           | Preferred        |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)           | Preferred        |                            |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>                                                   | Preferred        |                            |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>                                                  | Preferred        |                            |

| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>                                | Preferred        |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i><br>(generic of LOTENSIN HCT)  | Preferred        |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i><br>(generic of LOTENSIN HCT)  | Preferred        |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i><br>(generic of LOTENSIN HCT)    | Preferred        |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>                              | Preferred        |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>                                | Preferred        |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>                               | Preferred        |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT) | Preferred        |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT) | Preferred        |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)   | Preferred        |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>                                  | Preferred        |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>                                  | Preferred        |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>                                  | Preferred        |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>                                  | Preferred        |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>                         | Preferred        |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)   | Preferred        |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>                        | Preferred        |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>                        | Preferred        |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)               | Preferred        |                            |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)               | Preferred        |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)       | Preferred        |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)       | Preferred        |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)         | Preferred        |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)   | Preferred        |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)  | Preferred        |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)    | Preferred        |                            |

| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>                                  | Preferred        |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>                                 | Preferred        |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                 | Preferred        |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>   | Preferred        |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>   | Preferred        |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>     | Preferred        |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>  | Preferred        |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>  | Preferred        |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>    | Preferred        |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i> | Preferred        |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</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>telmisartan-amlodipine tab 40-5 mg</i>                                                 | Preferred        |                            |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                                                | Preferred        |                            |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                                                 | Preferred        |                            |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                                                | Preferred        |                            |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>           | Preferred        |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>           | Preferred        |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>             | Preferred        |                            |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>                                         | Preferred        |                            |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>                                         | Preferred        |                            |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>                                         | Preferred        |                            |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>                                         | Preferred        |                            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>               | Preferred        |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>              | Preferred        |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>                | Preferred        |                            |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>              | Preferred        |                            |

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

#### **VASODILATORS**

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

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

##### **ANTIMALARIAL COMBINATIONS**

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

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

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

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

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

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

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

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

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

| Drug Name                                                               | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------|-----------|---------------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER</b> |           |                     |

### ALKYLATING AGENTS

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

### ANTIMETABOLITES

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

### ANTINEOPLASTIC - ANTIBODIES

|                         |           |    |
|-------------------------|-----------|----|
| POTELIGEO SOLN 20MG/5ML | Preferred | SP |
|-------------------------|-----------|----|

### ANTINEOPLASTIC - EGFR INHIBITORS

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

### ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

|                     |           |    |
|---------------------|-----------|----|
| ERIVEDGE CAPS 150MG | Preferred | SP |
|---------------------|-----------|----|

### ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

|                                                                         |           |                             |
|-------------------------------------------------------------------------|-----------|-----------------------------|
| abiraterone acetate (generic of ZYTIGA) tabs 250mg, 500mg               | Preferred | SP                          |
| anastrozole (generic of ARIMIDEX) tabs 1mg                              | Preferred | AGE (Min 40)                |
| bicalutamide (generic of CASODEX) tabs 50mg                             | Preferred |                             |
| exemestane (generic of AROMASIN) tabs 25mg                              | Preferred | AGE (Min 40)                |
| letrozole (generic of FEMARA) tabs 2.5mg                                | Preferred | AGE (Min 40)                |
| LYSODREN TABS 500MG                                                     | Preferred | SP                          |
| megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg | Preferred |                             |
| nilutamide tabs 150mg                                                   | Preferred | PA, QL (2 tabs every 1 day) |
| ORSERDU TABS 86MG, 345MG                                                | Preferred | SP                          |
| SOLTAMOX SOLN 10MG/5ML                                                  | Preferred |                             |
| tamoxifen citrate tabs 10mg, 20mg                                       | Preferred |                             |
| toremifene citrate (generic of FARESTON) tabs 60mg                      | 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                              |

| Drug Name                                                                          | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------|-----------|---------------------|
| NEXAVAR TABS 200MG                                                                 | Preferred | SP                  |
| <i>pazopanib hcl</i> (generic of VOTRIENT) <i>tabs 200mg</i>                       | Preferred | SP                  |
| <i>pazopanib hcl tabs 400mg</i>                                                    | Preferred |                     |
| <i>sorafenib tosylate</i> (generic of NEXAVAR) <i>tabs 200mg</i>                   | Preferred | SP                  |
| <i>sunitinib malate</i> (generic of SUTENT) <i>caps 12.5mg, 25mg, 37.5mg, 50mg</i> | Preferred | SP                  |
| SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG                                             | Preferred | SP                  |
| VOTRIENT TABS 200MG                                                                | Preferred | SP                  |

#### **ANTINEOPLASTICS MISC.**

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

#### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

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

#### **MITOTIC INHIBITORS**

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

#### **TOPOISOMERASE I INHIBITORS**

|                          |           |    |
|--------------------------|-----------|----|
| HYCAMTIN CAPS .25MG, 1MG | Preferred | SP |
|--------------------------|-----------|----|

### **ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

#### **ANTIPARKINSON ADJUNCTIVE THERAPY**

|                                                        |           |  |
|--------------------------------------------------------|-----------|--|
| <i>carbidopa</i> (generic of LODOSYN) <i>tabs 25mg</i> | Preferred |  |
|--------------------------------------------------------|-----------|--|

#### **ANTIPARKINSON ANTICHOLINERGICS**

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

#### **ANTIPARKINSON COMT INHIBITORS**

|                              |           |  |
|------------------------------|-----------|--|
| <i>entacapone tabs 200mg</i> | Preferred |  |
|------------------------------|-----------|--|

#### **ANTIPARKINSON DOPAMINERGICS**

|                                                                    |           |  |
|--------------------------------------------------------------------|-----------|--|
| <i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>        | Preferred |  |
| <i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>                 | Preferred |  |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET) | Preferred |  |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET) | Preferred |  |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                      | Preferred |  |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                   | Preferred |  |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                   | Preferred |  |

| Drug Name                                                               | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------|-----------|---------------------|
| pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | Preferred |                     |
| ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg      | Preferred |                     |

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

|                                   |           |  |
|-----------------------------------|-----------|--|
| selegiline hcl caps 5mg; tabs 5mg | Preferred |  |
|-----------------------------------|-----------|--|

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES**

#### **ANTIMANIC AGENTS**

|                                                                   |           |  |
|-------------------------------------------------------------------|-----------|--|
| lithium soln 8meq/5ml                                             | Preferred |  |
| lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg | Preferred |  |
| lithium carbonate (generic of LITHOBID) tbc 300mg                 | Preferred |  |

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

|                                                                       |           |                                      |
|-----------------------------------------------------------------------|-----------|--------------------------------------|
| CAPLYTA CAPS 10.5MG, 21MG, 42MG                                       | Preferred | AGE (Min 8)                          |
| lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg | Preferred | AGE (Min 8)                          |
| VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG                      | Preferred | AGE (Min 8)                          |
| ziprasidone hcl (generic of GEODON) caps 20mg, 40mg, 60mg, 80mg       | Preferred | QL (2 caps every 1 day), AGE (Min 8) |

#### **BENZISOXAZOLES**

|                                                                            |              |                                                   |
|----------------------------------------------------------------------------|--------------|---------------------------------------------------|
| 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)                                  |

| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|----------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|
| <i>risperidone</i> (generic of RISPERDAL) <i>soln 1mg/ml</i>                                             | Preferred        | QL (8 mL every 1 day), AGE (Min 8)   |
| <i>risperidone</i> (generic of RISPERDAL) <i>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) |
| 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</i> (generic of CLOZARIL) <i>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</i> (generic of CLOZARIL) <i>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</i> (generic of ZYPREXA) <i>tabs 2.5mg, 5mg, 10mg</i>                                 | Preferred | QL (2 tabs every 1 day), AGE (Min 8) |
| <i>olanzapine</i> (generic of ZYPREXA) <i>tabs 7.5mg, 15mg, 20mg</i>                                | Preferred | QL (1 tab every 1 day), AGE (Min 8)  |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) <i>tbdp 5mg, 15mg, 20mg</i>                            | Preferred | QL (1 tab every 1 day), AGE (Min 8)  |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) <i>tbdp 10mg</i>                                       | Preferred | QL (2 tabs every 1 day), AGE (Min 8) |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) <i>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</i> (generic of SEROQUEL XR) <i>tb24 50mg, 300mg, 400mg</i>                  | Preferred | QL (2 tabs every 1 day), AGE (Min 8) |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) <i>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 |  |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**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 |  |
| <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 |  |
|---------------------------------------------|-----------|--|

**ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT**

**CHLORINE ANTISEPTICS**

|                                        |           |     |
|----------------------------------------|-----------|-----|
| <i>chlorhexidine gluconate soln 4%</i> | Preferred | OTC |
|----------------------------------------|-----------|-----|

**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) |

| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------|------------------|----------------------------|
| <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)    |
| <i>atazanavir sulfate (generic of REYATAZ) caps 200mg</i>                              | Preferred        | QL (2 caps every 1 day)    |
| <i>atazanavir sulfate (generic of REYATAZ) caps 300mg</i>                              | 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 (generic of PREZISTA) tabs 600mg</i>                                      | Preferred        | QL (2 tabs every 1 day)    |
| <i>darunavir (generic of PREZISTA) tabs 800mg</i>                                      | 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 tabs 600mg</i>                                                            | Preferred        |                            |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>                         | Preferred        | QL (1 tab every 1 day)     |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>                            | Preferred        | QL (1 tab every 1 day)     |
| <i>emtricitabine (generic of EMTRIVA) caps 200mg</i>                                   | Preferred        | QL (1 cap every 1 day)     |
| <i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)</i> | Preferred        | QL (1 tab every 1 day)     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i> | Preferred        | QL (1 tab every 1 day)     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i> | Preferred        | QL (1 tab every 1 day)     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i> | Preferred        | QL (1 tab every 1 day)     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i> | 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 (generic of INTELENCE) tabs 100mg</i>                                    | Preferred        | QL (4 tabs every 1 day)    |
| <i>etravirine (generic of INTELENCE) tabs 200mg</i>                                    | Preferred        | QL (2 tabs every 1 day)    |
| <i>fosamprenavir calcium tabs 700mg</i>                                                | 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)    |

| Drug Name                                                        | Drug Tier    | Requirements/Limits         |
|------------------------------------------------------------------|--------------|-----------------------------|
| 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)     |
| 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)      |
| RETROVIR IV INFUSION SOLN 10MG/ML                                | Preferred    |                             |
| 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)      |

| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|----------------------------------------------------------------------------|------------------|---------------------------------------------|
| <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)                      |
| 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)                     |
| <b>ANTIVIRAL COMBINATIONS</b>                                              |                  |                                             |
| PAXLOVID PAK                                                               | Preferred        | AGE (Min 12)                                |
| PAXLOVID TAB 150-100                                                       | Preferred        | QL (30 tabs every 28 days),<br>AGE (Min 12) |
| PAXLOVID TAB 300-100                                                       | Preferred        | QL (30 tabs every 28 days),<br>AGE (Min 12) |
| <b>CMV AGENTS</b>                                                          |                  |                                             |
| 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        |                                             |
| <b>HEPATITIS AGENTS</b>                                                    |                  |                                             |
| <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                                          |
| <b>HERPES AGENTS</b>                                                       |                  |                                             |
| <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        |                                             |
| <b>INFLUENZA AGENTS</b>                                                    |                  |                                             |
| <i>oseltamivir phosphate caps 30mg</i>                                     | Preferred        | QL (168 caps every year)                    |
| <i>oseltamivir phosphate caps 45mg</i>                                     | Preferred        | QL (84 caps every year)                     |

| Drug Name                                              | Drug Tier | Requirements/Limits         |
|--------------------------------------------------------|-----------|-----------------------------|
| oseltamivir phosphate (generic of TAMIFLU) caps 75mg   | Preferred | QL (84 caps every year)     |
| oseltamivir phosphate (generic of TAMIFLU) susr 6mg/ml | Preferred | QL (1080 mL every year)     |
| RELENZA DISKHALER AEPB 5MG/BLISTER                     | Preferred | QL (40 caps every 180 days) |

#### **MISC. ANTIVIRALS**

|                     |           |                                          |
|---------------------|-----------|------------------------------------------|
| LAGEVRIO CAPS 200MG | Preferred | QL (40 caps every 29 days), AGE (Min 18) |
|---------------------|-----------|------------------------------------------|

### **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    |                                         |

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

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

|                                                                                                                                |           |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|
| amlodipine besylate (generic of NORVASC) tabs<br>2.5mg, 5mg, 10mg                                                              | Preferred |
| diltiazem hcl cp12 60mg, 90mg, 120mg; cp24<br>120mg, 180mg, 240mg; tabs 90mg                                                   | Preferred |
| diltiazem hcl (generic of CARDIZEM) tabs 30mg,<br>60mg, 120mg                                                                  | Preferred |
| diltiazem hcl (generic of CARDIZEM LA) tb24<br>120mg, 180mg, 180mg/24hr, 240mg, 240mg/24hr,<br>300mg, 300mg/24hr, 360mg, 420mg | Preferred |
| diltiazem hcl coated beads (generic of CARDIZEM<br>CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg                                  | Preferred |
| diltiazem hcl extended release beads (generic of<br>TIAZAC) cp24 120mg, 180mg, 240mg, 300mg,<br>360mg, 420mg                   | Preferred |
| felodipine tb24 2.5mg, 5mg, 10mg                                                                                               | Preferred |
| nifedipine caps 10mg, 20mg; tb24 30mg, 60mg,<br>90mg                                                                           | Preferred |
| nifedipine (generic of PROCARDIA XL) tb24 30mg,<br>60mg                                                                        | Preferred |
| nimodipine caps 30mg                                                                                                           | Preferred |
| verapamil hcl cp24 100mg, 120mg, 180mg, 200mg,<br>240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg;<br>tbcr 120mg, 180mg, 240mg     | Preferred |
| VERAPAMIL HYDROCHLORIDE E CP24 100MG                                                                                           | Preferred |

**CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS**

**CARDIAC GLYCOSIDES**

|                                                                    |           |
|--------------------------------------------------------------------|-----------|
| digoxin soln .05mg/ml                                              | Preferred |
| digoxin (generic of LANOXIN) soln .25mg/ml; tabs<br>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) |

| Drug Name                                                                 | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------|-----------|---------------------|
| isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg<br>(generic of BIDIL) | Preferred |                     |

#### **PROSTAGLANDIN VASODILATORS**

|                                                              |                     |
|--------------------------------------------------------------|---------------------|
| epoprostenol sodium (generic of VELETRI) solr<br>.5mg, 1.5mg | Preferred-PA SP, PA |
|--------------------------------------------------------------|---------------------|

#### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

|                                        |                     |
|----------------------------------------|---------------------|
| LETAIRIS TABS 5MG, 10MG                | Preferred-PA SP, PA |
| TRACLEER TABS 62.5MG, 125MG; TBSO 32MG | Preferred-PA SP, PA |

#### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

|                                                                               |                     |
|-------------------------------------------------------------------------------|---------------------|
| ADCIRCA TABS 20MG                                                             | Preferred-PA SP, PA |
| sildenafil citrate (pulmonary hypertension) (generic<br>of REVATIO) tabs 20mg | Preferred-PA SP, PA |
| tadalafil (pulmonary hypertension) (generic of<br>ADCIRCA) tabs 20mg          | Preferred-PA SP, PA |

#### **VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

|                               |                 |
|-------------------------------|-----------------|
| VERQUVO TABS 2.5MG, 5MG, 10MG | Preferred-PA PA |
|-------------------------------|-----------------|

### **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

#### **CEPHALOSPORIN COMBINATIONS**

|                    |           |
|--------------------|-----------|
| AVYCAZ INJ 2-0.5GM | Preferred |
| ZERBAXA INJ 1.5GM  | Preferred |

#### **CEPHALOSPORINS - 1ST GENERATION**

|                                                                               |           |
|-------------------------------------------------------------------------------|-----------|
| cefadroxil caps 500mg; susr 250mg/5ml,<br>500mg/5ml; tabs 1gm                 | Preferred |
| CEFAZOL/DEX SOL 1GM                                                           | Preferred |
| CEFAZOL/DEX SOL 2GM                                                           | Preferred |
| CEFAZOLIN INJ 1GM/50ML                                                        | Preferred |
| cefazolin sodium solr 1gm, 2gm, 10gm, 500mg                                   | Preferred |
| CEFAZOLIN SODIUM SOLR 2GM, 3GM                                                | Preferred |
| CEFAZOLIN SOL                                                                 | Preferred |
| cephalexin caps 250mg, 500mg, 750mg; susr<br>125mg/5ml, 250mg/5ml; tabs 250mg | Preferred |

#### **CEPHALOSPORINS - 2ND GENERATION**

|                                                  |           |
|--------------------------------------------------|-----------|
| cefaclor caps 250mg, 500mg                       | Preferred |
| CEFOTAN SOLR 1GM, 2GM                            | Preferred |
| cefotetan disodium solr 1gm                      | Preferred |
| cefotetan disodium (generic of CEFOTAN) solr 2gm | Preferred |
| CEFOXITIN INJ 1GM                                | Preferred |
| CEFOXITIN INJ 2GM                                | Preferred |
| cefoxitin sodium solr 1gm, 2gm, 10gm             | Preferred |
| cefprozil susr 125mg/5ml, 250mg/5ml              | Preferred |
| cefuroxime axetil tabs 250mg, 500mg              | Preferred |
| cefuroxime sodium solr 1.5gm, 750mg              | Preferred |

| Drug Name                                                                                | Drug Tier | Requirements/Limits                          |
|------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| <b>CEPHALOSPORINS - 3RD GENERATION</b>                                                   |           |                                              |
| <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 |                                              |
| <i>ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>                              | Preferred |                                              |
| <i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>                                       | Preferred |                                              |
| <i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>                                       | Preferred |                                              |
| TAZICEF INJ 1GM/50ML                                                                     | Preferred |                                              |
| <b>CEPHALOSPORINS - 4TH GENERATION</b>                                                   |           |                                              |
| CEFEPIME SOLN 1GM/50ML, 2GM/100ML                                                        | Preferred |                                              |
| <i>cefepime hcl solr 1gm, 2gm</i>                                                        | Preferred |                                              |
| CEFEPIME/DEX INJ 1GM                                                                     | Preferred |                                              |
| CEFEPIME/DEX INJ 2GM                                                                     | Preferred |                                              |
| <b>CEPHALOSPORINS - 5TH GENERATION</b>                                                   |           |                                              |
| <i>ceftaroline fosamil (generic of TEFLARO) solr 400mg, 600mg</i>                        | Preferred |                                              |
| TEFLARO SOLR 400MG, 600MG                                                                | Preferred |                                              |
| <b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>                                          |           |                                              |
| <b>COMBINATION CONTRACEPTIVES - ORAL</b>                                                 |           |                                              |
| 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)                         |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>                  | Preferred | AGE (Min 10, Max 55)                         |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>                      | Preferred | AGE (Min 10, Max 55)                         |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>                            | Preferred | AGE (Min 10, Max 55)                         |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>   | Preferred | AGE (Min 10, Max 55)                         |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i> | Preferred | AGE (Min 10, Max 55)                         |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>                     | Preferred | AGE (Min 10, Max 55)                         |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>               | Preferred | AGE (Min 10, Max 55)                         |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>                      | Preferred | AGE (Min 10, Max 55)                         |

| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|------------------------------------------------------------------------------------------|------------------|--------------------------------------------------|
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>                      | Preferred        | AGE (Min 10, Max 55)                             |
| FEMLYV TAB 1/0.02MG                                                                      | Preferred        | AGE (Min 10, Max 55)                             |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>                 | Preferred        | AGE (Min 10, Max 55)                             |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>                   | Preferred        | QL (91 tabs every 84 days), AGE (Min 10, Max 55) |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>                  | Preferred        | QL (91 tabs every 84 days), AGE (Min 10, Max 55) |
| <i>levonorgestrel &amp; 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 &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>                          | Preferred        | AGE (Min 10, Max 55)                             |
| <i>levonorgestrel &amp; 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 &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>                           | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>                           | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>                             | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>                   | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>                   | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>                      | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                         | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>                       | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>                      | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>                    | Preferred        | AGE (Min 10, Max 55)                             |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</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)                             |

| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|----------------------------------------------------------------------------------------|------------------|------------------------------------------------------|
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>                     | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>                      | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>                       | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                         | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>                     | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>                     | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>                            | Preferred        | AGE (Min 10, Max 55)                                 |
| SAFYRAL TAB                                                                            | Preferred        | AGE (Min 10, Max 55)                                 |
| TAYTULLA CAP 1MG/20MC                                                                  | Preferred        | AGE (Min 10, Max 55)                                 |
| TYBLUME CHW 0.1-0.02                                                                   | Preferred        | AGE (Min 10, Max 55)                                 |
| YASMIN 28 TAB 3-0.03MG                                                                 | Preferred        | AGE (Min 10, Max 55)                                 |
| YAZ TAB 3-0.02MG                                                                       | Preferred        | AGE (Min 10, Max 55)                                 |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                                        |                  |                                                      |
| <i>norelgestromin-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)   |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                                            |                  |                                                      |
| 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)      |
| <b>COPPER CONTRACEPTIVES - IUD</b>                                                     |                  |                                                      |
| PARAGARD IUD T380A                                                                     | Preferred        | AGE (Min 10, Max 55)                                 |
| <b>EMERGENCY CONTRACEPTIVES</b>                                                        |                  |                                                      |
| ELLA TABS 30MG                                                                         | Preferred        | AGE (Min 10, Max 55)                                 |
| <i>levonorgestrel (emergency oc) tabs 1.5mg</i>                                        | Preferred        | AGE (Min 10, Max 55), OTC                            |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>                                             |                  |                                                      |
| NEXPLANON IMPL 68MG                                                                    | Preferred        | AGE (Min 10, Max 55)                                 |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>                                           |                  |                                                      |
| 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) |

| Drug Name                                                                                                                                  | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>medroxyprogesterone acetate (contraceptive)</i><br>(generic of DEPO-PROVERA CONTRACEPTIV) <i>susp</i><br>150mg/ml; <i>susy</i> 150mg/ml | Preferred | QL (1 injection every 84 days),<br>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) |

#### **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<br>(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; soty 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 |  |
|------------------------------------------|-----------|--|

### **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                                     |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | Preferred | QL (30 mL every 1 day), AGE<br>(Min 18) |

| Drug Name                                                                     | Drug Tier | Requirements/Limits    |
|-------------------------------------------------------------------------------|-----------|------------------------|
| <b>COUGH/COLD/ALLERGY COMBINATIONS</b>                                        |           |                        |
| <i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i>                | Preferred | OTC                    |
| <i>brompheniramine &amp; phenylephrine liqd 2-5 mg/10ml</i>                   | Preferred | OTC                    |
| <i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>               | Preferred | OTC                    |
| <i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>                        | Preferred | OTC                    |
| <i>dextromethorphan-doxylamine-apap cap 15-6.25-325 mg</i>                    | Preferred | OTC                    |
| <i>dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml</i>           | Preferred | OTC                    |
| <i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>                       | Preferred | OTC                    |
| <i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>                      | Preferred | OTC                    |
| <i>dextromethorphan-guaifenesin 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      |
| <i>LOHIST-D LIQ</i>                                                           | Preferred | OTC                    |
| <i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>                  | Preferred | OTC                    |
| <i>loratadine &amp; 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 &amp; 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                    |
| <b>EXPECTORANTS - DRUGS TO TREAT COUGH</b>                                    |           |                        |
| <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 |                        |
| <b>MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS</b>       |           |                        |
| <i>sodium chloride (inhalant) nebu .9%, 3%, 10%</i>                           | Preferred |                        |
| <b>MUCOLYTICS - DRUGS TO TREAT COUGH</b>                                      |           |                        |
| <i>acetylcysteine soln 10%, 20%</i>                                           | Preferred |                        |

| Drug Name                                                             | Drug Tier | Requirements/Limits                         |
|-----------------------------------------------------------------------|-----------|---------------------------------------------|
| <b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS</b>               |           |                                             |
| <b>ACNE PRODUCTS</b>                                                  |           |                                             |
| benzoyl peroxide gel 2.5%, 5%, 10%; liqd 10%                          | Preferred | OTC                                         |
| benzoyl peroxide liqd 5%                                              | Preferred | AGE (Min 10, Max 20), OTC                   |
| benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)        | Preferred | AGE (Min 10, Max 20)                        |
| clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%         | Preferred | AGE (Min 10, Max 20)                        |
| clindamycin phosphate (topical) gel 1%; swab 1%                       | Preferred | AGE (Min 10, Max 20)                        |
| clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%        | Preferred | AGE (Min 10, Max 20)                        |
| clindamycin phosphate (topical) soln 1%                               | Preferred | QL (2 mL every 1 day), AGE (Min 10, Max 20) |
| erythromycin (acne aid) gel 2%                                        | Preferred | AGE (Min 10, Max 20)                        |
| erythromycin (acne aid) soln 2%                                       | Preferred | QL (2 mL every 1 day), AGE (Min 10, Max 20) |
| sulfacetamide sodium w/ sulfur lotion 10-5%                           | Preferred |                                             |
| sulfacetamide sodium w/ sulfur susp 10-5%                             | Preferred |                                             |
| tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel .01%, .025% | Preferred | AGE (Min 10, Max 20)                        |
| tretinoin (generic of ATRALIN) gel .05%                               | Preferred | AGE (Min 10, Max 20)                        |
| <b>ANTIBIOTICS - TOPICAL</b>                                          |           |                                             |
| bacitracin (topical) oint 500unit/gm                                  | Preferred | OTC                                         |
| bacitracin zinc oint 500unit/gm                                       | Preferred | OTC                                         |
| gentamicin sulfate (topical) crea .1%; oint .1%                       | Preferred | QL (1 gm every 1 day)                       |
| mupirocin oint 2%                                                     | Preferred | QL (90 gm every 1 fill), AGE (Max 20)       |
| neomycin-bacitracin-polymyxin oint                                    | Preferred | OTC                                         |
| neomycin-bacitracin-polymyxin-pramoxine oint 1%                       | Preferred | OTC                                         |
| neomycin-polymyxin w/ pramoxine cream 1%                              | Preferred | OTC                                         |
| <b>ANTIFUNGALS - TOPICAL</b>                                          |           |                                             |
| clotrimazole (topical) crea 1%                                        | Preferred |                                             |
| econazole nitrate crea 1%                                             | Preferred | QL (170 gm every 1 fill)                    |
| ketoconazole (topical) crea 2%                                        | Preferred | QL (2 gm every 1 day)                       |
| ketoconazole (topical) sham 2%                                        | Preferred | QL (4 mL every 1 day)                       |
| miconazole nitrate (topical) aerp 2%; crea 2%; powd 2%                | Preferred | OTC                                         |
| nystatin (topical) crea 100000unit/gm; powd 100000unit/gm             | Preferred |                                             |
| nystatin (topical) oint 100000unit/gm                                 | Preferred | QL (1 gm every 1 day)                       |
| terbinafine hcl (topical) crea 1%                                     | Preferred | OTC                                         |
| tolnaftate aero 1%; aerp 1%; crea 1%; soln 1%                         | Preferred | OTC                                         |
| <b>ANTI-HISTAMINES-TOPICAL</b>                                        |           |                                             |
| diphenhydramine-zinc acetate cream 2-0.1%                             | Preferred | OTC                                         |

| Drug Name                                                               | Drug Tier    | Requirements/Limits         |
|-------------------------------------------------------------------------|--------------|-----------------------------|
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>           |              |                             |
| LEVULAN KERASTICK SOLR 20%                                              | Preferred    |                             |
| <b>ANTIPRURITICS - TOPICAL</b>                                          |              |                             |
| camphor & menthol lotion 0.5-0.5%                                       | Preferred    | OTC                         |
| <b>ANTIPSORIATICS</b>                                                   |              |                             |
| calcipotriene crea .005%; oint .005%; soln .005%                        | Preferred    |                             |
| COSENTYX SOSY 75MG/0.5ML, 150MG/ML                                      | Preferred-PA | SP, PA                      |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML                                   | Preferred-PA | SP, PA                      |
| COSENTYX UNOREADY SOAJ 300MG/2ML                                        | Preferred-PA | SP, PA                      |
| <b>ANTISEBORRHEIC PRODUCTS</b>                                          |              |                             |
| selenium sulfide lotn 1%; sham 1%                                       | Preferred    | OTC                         |
| selenium sulfide lotn 2.5%                                              | Preferred    |                             |
| sulfacetamide sodium liqd 10%                                           | Preferred    |                             |
| <b>BURN PRODUCTS</b>                                                    |              |                             |
| silver sulfadiazine (generic of SILVADENE) crea 1%                      | Preferred    |                             |
| SULFAMYLON CREA 85MG/GM                                                 | Preferred    | QL (56 gm every 30 days)    |
| <b>CORTICOSTEROIDS - TOPICAL</b>                                        |              |                             |
| alclometasone dipropionate crea .05%; oint .05%                         | Preferred    | QL (2 gm every 1 day)       |
| betamethasone valerate crea .1%; oint .1%                               | Preferred    | QL (4 gm every 1 day)       |
| betamethasone valerate lotn .1%                                         | Preferred    | QL (4 mL every 1 day)       |
| clobetasol propionate crea .05%; gel .05%; oint .05%                    | Preferred    | QL (2 gm every 1 day)       |
| clobetasol propionate soln .05%                                         | Preferred    | QL (51 mL every 30 days)    |
| clobetasol propionate emollient base crea .05%                          | Preferred    | QL (2 gm every 1 day)       |
| desonide crea .05%; oint .05%                                           | Preferred    | QL (2 gm every 1 day)       |
| fluocinolone acetonide crea .01%                                        | Preferred    | QL (2 gm every 1 day)       |
| fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%      | Preferred    | QL (4 gm every 1 day)       |
| fluocinolone acetonide (generic of DERMA-SMOOTHIE/FS BODY) oil .01%     | Preferred    | QL (3.95 mL every 1 day)    |
| fluocinolone acetonide (generic of DERMA-SMOOTHIE/FS SCALP) oil .01%    | Preferred    | QL (118.5 mL every 30 days) |
| fluocinolone acetonide soln .01%                                        | Preferred    | QL (3 mL every 1 day)       |
| fluocinonide (generic of VANOS) crea .1%                                | Preferred    | QL (4 gm every 1 day)       |
| fluocinonide crea .05%                                                  | Preferred    | QL (4 gm every 1 day)       |
| fluocinonide gel .05%; oint .05%                                        | Preferred    | QL (2 gm every 1 day)       |
| fluocinonide soln .05%                                                  | Preferred    | QL (2 mL every 1 day)       |
| fluocinonide emulsified base crea .05%                                  | Preferred    | QL (4 gm every 1 day)       |
| fluticasone propionate crea .05%; oint .005%                            | Preferred    |                             |
| halobetasol propionate crea .05%; oint .05%                             | Preferred    | QL (50.1 gm every 30 days)  |
| HYDROCORTISONE CREA 1%                                                  | Preferred    | OTC                         |
| hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 2.5%; soln 2.5% | Preferred    |                             |

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

| Drug Name                                                               | Drug Tier    | Requirements/Limits                   |
|-------------------------------------------------------------------------|--------------|---------------------------------------|
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>                  |              |                                       |
| EUCRISA OINT 2%                                                         | Preferred-PA | ST, PA                                |
| <b>ROSACEA AGENTS</b>                                                   |              |                                       |
| metronidazole (topical) crea .75%; gel .75%, 1%;<br>lotn .75%           | Preferred    |                                       |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                                   |              |                                       |
| NATROBA SUSP .9%                                                        | Preferred    |                                       |
| permethrin (generic of PERMETHRIN) crea 5%                              | Preferred    | QL (2 gm every 1 day), AGE<br>(Max 3) |
| permethrin liqd 1%                                                      | Preferred    | OTC                                   |
| pyrethrins-piperonyl butoxide shampoo 0.33-4%                           | Preferred    | OTC                                   |
| spinosad susp .9%                                                       | Preferred    |                                       |
| <b>TAR PRODUCTS</b>                                                     |              |                                       |
| coal tar extract sham .5%                                               | Preferred    | OTC                                   |
| <b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS</b>                     |              |                                       |
| <b>DIAGNOSTIC TESTS</b>                                                 |              |                                       |
| CONTOUR PLUS TES BLD GLUC                                               | Preferred    | QL (200 strips every 30 days),<br>OTC |
| IHEALTH 2-PK KIT COVID-19                                               | Preferred    | PA, QL (6 kits every year),<br>OTC    |
| PREGNANCY TES ONE STEP                                                  | Preferred    | OTC                                   |
| <b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b> |              |                                       |
| <b>DIGESTIVE ENZYMES</b>                                                |              |                                       |
| CREON CAP 3000UNIT                                                      | Preferred    |                                       |
| CREON CAP 6000UNIT                                                      | Preferred    |                                       |
| CREON CAP 12000UNT                                                      | Preferred    |                                       |
| CREON CAP 24000UNT                                                      | Preferred    |                                       |
| CREON CAP 36000UNT                                                      | Preferred    |                                       |
| PERTZYE CAP 4000UNIT                                                    | Preferred-PA | PA                                    |
| PERTZYE CAP 8000UNIT                                                    | Preferred-PA | PA                                    |
| PERTZYE CAP 16000U                                                      | Preferred-PA | PA                                    |
| PERTZYE CAP 24000U                                                      | Preferred-PA | PA                                    |
| ZENPEP CAP 3000UNIT                                                     | Preferred    |                                       |
| ZENPEP CAP 5000UNIT                                                     | Preferred    |                                       |
| ZENPEP CAP 10000UNT                                                     | Preferred    |                                       |
| ZENPEP CAP 15000UNT                                                     | Preferred    |                                       |
| ZENPEP CAP 20000UNT                                                     | Preferred    |                                       |
| ZENPEP CAP 25000UNT                                                     | Preferred    |                                       |
| ZENPEP CAP 40000UNT                                                     | Preferred    |                                       |
| ZENPEP CAP 60000UNT                                                     | Preferred    |                                       |
| <b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>                      |              |                                       |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>                                    |              |                                       |
| acetazolamide cp12 500mg; tabs 125mg, 250mg                             | Preferred    |                                       |

| Drug Name                                                                  | Drug Tier    | Requirements/Limits     |
|----------------------------------------------------------------------------|--------------|-------------------------|
| methazolamide tabs 25mg, 50mg                                              | Preferred    |                         |
| <b>DIURETIC COMBINATIONS</b>                                               |              |                         |
| amiloride & hydrochlorothiazide tab 5-50 mg                                | Preferred    |                         |
| spironolactone & hydrochlorothiazide tab 25-25 mg                          | Preferred    |                         |
| triamterene & hydrochlorothiazide cap 37.5-25 mg                           | Preferred    |                         |
| triamterene & hydrochlorothiazide tab 37.5-25 mg                           | Preferred    |                         |
| triamterene & hydrochlorothiazide tab 75-50 mg                             | Preferred    |                         |
| <b>LOOP DIURETICS</b>                                                      |              |                         |
| bumetanide tabs 1mg, 2mg                                                   | Preferred    |                         |
| bumetanide (generic of BUMEX) tabs .5mg                                    | Preferred    |                         |
| ethacrynic acid (generic of EDECRIN) tabs 25mg                             | Preferred    |                         |
| furosemide soln 10mg/ml, 40mg/5ml                                          | Preferred    |                         |
| furosemide (generic of LASIX) tabs 20mg, 40mg                              | Preferred    |                         |
| furosemide tab 80 mg (generic of LASIX)                                    | Preferred    |                         |
| torsemide tabs 5mg, 10mg, 20mg, 100mg                                      | Preferred    |                         |
| <b>POTASSIUM SPARING DIURETICS</b>                                         |              |                         |
| amiloride hcl tabs 5mg                                                     | Preferred    |                         |
| spironolactone (generic of ALDACTONE) tabs 25mg, 50mg, 100mg               | Preferred    |                         |
| triamterene (generic of DYRENIUM) caps 50mg, 100mg                         | Preferred    |                         |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>                               |              |                         |
| chlorthalidone tabs 25mg, 50mg                                             | Preferred    |                         |
| hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg                   | Preferred    |                         |
| indapamide tabs 1.25mg, 2.5mg                                              | Preferred    |                         |
| metolazone tabs 2.5mg, 5mg, 10mg                                           | Preferred    |                         |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES</b> |              |                         |
| <b>BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS</b>                  |              |                         |
| alendronate sodium soln 70mg/75ml                                          | Preferred    | QL (75 mL every 7 days) |
| alendronate sodium tabs 10mg, 35mg                                         | Preferred    |                         |
| alendronate sodium (generic of FOSAMAX) tabs 70mg                          | Preferred    |                         |
| calcitonin (salmon) soln 200unit/act                                       | Preferred    |                         |
| calcitonin (salmon) (generic of MIACALCIN) soln 200unit/ml                 | Preferred    |                         |
| MIACALCIN SOLN 200UNIT/ML                                                  | Preferred    |                         |
| <b>CORTICOTROPIN</b>                                                       |              |                         |
| ACTHAR GEL 80UNIT/ML                                                       | Preferred    | SP                      |
| CORTROPHIN GEL 80UNIT/ML                                                   | Preferred    | SP                      |
| <b>GNRH/LHRH ANTAGONISTS</b>                                               |              |                         |
| ORLISSA TABS 150MG, 200MG                                                  | Preferred-PA | ST, PA                  |

| Drug Name                                                                                                   | Drug Tier    | Requirements/Limits          |
|-------------------------------------------------------------------------------------------------------------|--------------|------------------------------|
| <b>GROWTH HORMONES</b>                                                                                      |              |                              |
| 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                       |
| 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                       |
| <b>METABOLIC MODIFIERS</b>                                                                                  |              |                              |
| calcitriol caps .25mcg, .5mcg; soln 1mcg/ml                                                                 | Preferred    |                              |
| CARBAGLU TBSO 200MG                                                                                         | Preferred-PA | SP, PA                       |
| carglumic acid (generic of CARBAGLU) tbso 200mg                                                             | Preferred-PA | SP, PA                       |
| doxercalciferol caps .5mcg, 1mcg, 2.5mcg                                                                    | Preferred    |                              |
| nitisinone (generic of ORFADIN) caps 2mg, 5mg, 10mg, 20mg                                                   | Preferred    | SP                           |
| ORFADIN CAPS 2MG, 5MG, 10MG, 20MG                                                                           | Preferred    | SP                           |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                                                               |              |                              |
| KERENDIA TABS 10MG, 20MG, 40MG                                                                              | Preferred-PA | PA                           |
| <b>POSTERIOR PITUITARY HORMONES</b>                                                                         |              |                              |
| desmopressin acetate (generic of DDAVP) tabs .1mg, .2mg                                                     | Preferred    |                              |
| desmopressin acetate spray soln .01%                                                                        | Preferred    |                              |
| <b>PROLACTIN INHIBITORS</b>                                                                                 |              |                              |
| cabergoline tabs .5mg                                                                                       | Preferred    |                              |
| <b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                        |              |                              |
| <b>ESTROGEN COMBINATIONS</b>                                                                                |              |                              |
| COMBIPATCH DIS                                                                                              | Preferred    | QL (2 patches every 7 days)  |
| estradiol & norethindrone acetate tab 0.5-0.1 mg                                                            | Preferred    |                              |
| estradiol & norethindrone acetate 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    |                              |
| <b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                        |              |                              |
| estradiol (generic of MINIVELLE) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr          | Preferred    | QL (8 patches every 28 days) |
| estradiol (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr        | Preferred    | QL (8 patches every 28 days) |

| Drug Name                                                                                                     | Drug Tier | Requirements/Limits       |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| estradiol (generic of CLIMARA) ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | Preferred | QL (1 patch every 7 days) |
| estradiol 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

### ANTIPLATULENTS

|                                                    |           |     |
|----------------------------------------------------|-----------|-----|
| simethicone chew 80mg; susp 20mg/0.3ml, 40mg/0.6ml | Preferred | OTC |
|----------------------------------------------------|-----------|-----|

### GALLSTONE SOLUBILIZING AGENTS

|                     |           |  |
|---------------------|-----------|--|
| ursodiol caps 300mg | Preferred |  |
|---------------------|-----------|--|

### GASTROINTESTINAL ANTIALLERGY AGENTS

|                                                                       |           |  |
|-----------------------------------------------------------------------|-----------|--|
| cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml | Preferred |  |
|-----------------------------------------------------------------------|-----------|--|

### 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 |
|----------------------------------|--------------|----|

### INFLAMMATORY BOWEL AGENTS

|                                 |           |  |
|---------------------------------|-----------|--|
| balsalazide disodium caps 750mg | Preferred |  |
|---------------------------------|-----------|--|

| Drug Name                                                              | Drug Tier    | Requirements/Limits |
|------------------------------------------------------------------------|--------------|---------------------|
| CIMZIA (1 SYRINGE) PSKT 200MG/ML                                       | Preferred-PA | SP, PA              |
| CIMZIA (2 SYRINGE) PSKT 200MG/ML                                       | Preferred-PA | SP, PA              |
| CIMZIA STARTER KIT PSKT 200MG/ML                                       | Preferred-PA | SP, PA              |
| <i>mesalamine</i> (generic of PENTASA) <i>cpcr 500mg</i>               | Preferred    |                     |
| <i>mesalamine enem 4gm</i>                                             | Preferred    |                     |
| <i>mesalamine</i> (generic of CANASA) <i>supp 1000mg</i>               | Preferred    |                     |
| PENTASA CPCR 250MG, 500MG                                              | Preferred    |                     |
| <i>sulfasalazine</i> (generic of AZULFIDINE) <i>tabs 500mg</i>         | Preferred    |                     |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) <i>tbec 500mg</i> | Preferred    |                     |

### **INTESTINAL ACIDIFIERS**

|                                                         |           |              |
|---------------------------------------------------------|-----------|--------------|
| <i>lactulose</i> (encephalopathy) <i>soln 10gm/15ml</i> | Preferred | AGE (Max 20) |
|---------------------------------------------------------|-----------|--------------|

### **PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS**

|                                                                                   |           |  |
|-----------------------------------------------------------------------------------|-----------|--|
| <i>calcium acetate</i> (phosphate binder) <i>caps 667mg; tabs 667mg</i>           | Preferred |  |
| FOSRENOL PACK 750MG, 1000MG                                                       | Preferred |  |
| <i>lanthanum carbonate</i> (generic of FOSRENOL) <i>chew 500mg, 750mg, 1000mg</i> | Preferred |  |
| <i>sevelamer carbonate</i> (generic of RENVELA) <i>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 &amp; citric acid soln 500-334 mg/5ml</i> | Preferred |  |

#### **CYSTINOSIS AGENTS**

|                           |           |    |
|---------------------------|-----------|----|
| CYSTAGON CAPS 50MG, 150MG | Preferred | SP |
|---------------------------|-----------|----|

#### **GENITOURINARY IRRIGANTS**

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

#### **PROSTATIC HYPERTROPHY AGENTS**

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

#### **URINARY ANALGESICS**

|                                              |           |  |
|----------------------------------------------|-----------|--|
| <i>phenazopyridine hcl tabs 100mg, 200mg</i> | Preferred |  |
|----------------------------------------------|-----------|--|

### **GOUT AGENTS - DRUGS TO TREAT GOUT**

#### **GOUT AGENT COMBINATIONS**

|                                                |           |  |
|------------------------------------------------|-----------|--|
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | Preferred |  |
|------------------------------------------------|-----------|--|

| Drug Name                                                                                                     | Drug Tier           | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>                                                                      |                     |                     |
| <i>allopurinol tabs 100mg, 200mg, 300mg</i>                                                                   | Preferred           |                     |
| <b>URICOSURICS</b>                                                                                            |                     |                     |
| <i>probenecid tabs 500mg</i>                                                                                  | Preferred           |                     |
| <b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>                                          |                     |                     |
| <b>ANTIHEMOPHILIC PRODUCTS</b>                                                                                |                     |                     |
| ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT                                | Preferred-PA SP, PA |                     |
| ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT                              | Preferred-PA SP, PA |                     |
| AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT                                | Preferred-PA SP, PA |                     |
| ALHEMO SOPN 300MG/3ML                                                                                         | Preferred-PA SP, PA |                     |
| ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT                                                 | Preferred-PA SP, PA |                     |
| ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT                                                                 | Preferred-PA SP, PA |                     |
| ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT                                        | Preferred-PA SP, PA |                     |
| BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT                                                    | Preferred-PA SP, PA |                     |
| COAGADEX SOLR 250UNIT, 500UNIT                                                                                | Preferred-PA SP, PA |                     |
| CORIFACT KIT 1000-1600UNIT                                                                                    | Preferred-PA SP, PA |                     |
| ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT | Preferred-PA SP, PA |                     |
| ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT                                       | Preferred-PA SP, PA |                     |
| FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT                                                                        | Preferred-PA SP, PA |                     |
| HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML                               | Preferred-PA SP, PA |                     |
| HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT                                                           | Preferred-PA SP, PA |                     |
| HUMATE-P SOL 250-600                                                                                          | Preferred-PA SP, PA |                     |
| HUMATE-P SOL 500-1200                                                                                         | Preferred-PA SP, PA |                     |
| HUMATE-P SOL 2400UNIT                                                                                         | Preferred-PA SP, PA |                     |
| HYMPAVZI SOAJ 75MG/0.5ML, 150MG/ML                                                                            | Preferred-PA SP, PA |                     |
| IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT                                                  | Preferred-PA SP, PA |                     |
| IXINITY SOLR 500UNIT, 1000UNIT, 1500UNIT, 3000UNIT                                                            | Preferred-PA SP, PA |                     |
| JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT                                                     | Preferred-PA SP, PA |                     |

| <b>Drug Name</b>                                                                                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| KCENTRA KIT 500UNIT, 1000UNIT                                                                                                                                             | Preferred        |                            |
| KOATE SOLR 250UNIT, 500UNIT, 1000UNIT                                                                                                                                     | Preferred-PA     | SP, PA                     |
| KOATE-DVI SOLR 1000UNIT                                                                                                                                                   | Preferred-PA     | SP, PA                     |
| KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT                                                                                                              | Preferred-PA     | SP, PA                     |
| NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT                                                                                                   | Preferred-PA     | SP, PA                     |
| NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG                                                                                                                                      | Preferred-PA     | SP, PA                     |
| NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT | Preferred-PA     | SP, PA                     |
| OBIZUR SOLR 500UNIT                                                                                                                                                       | Preferred-PA     | SP, PA                     |
| PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT                                                                                                                               | Preferred-PA     | SP, PA                     |
| REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT                                                                                                                        | Preferred-PA     | SP, PA                     |
| RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT                                                                                     | Preferred-PA     | SP, PA                     |
| RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT                                                                                                               | Preferred-PA     | SP, PA                     |
| SEVENFACT SOLR 1MG, 2MG, 5MG                                                                                                                                              | Preferred-PA     | SP, PA                     |
| TRETEN 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</i> (generic of AGRYLIN) <i>caps</i> .5mg       | Preferred |                           |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg                 | Preferred |                           |
| BRILINTA TABS 60MG, 90MG                                          | Preferred | QL (2 tabs every 1 day)   |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) <i>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</i> (generic of BRILINTA) <i>tabs</i> 60mg, 90mg    | Preferred | QL (2 tabs every 1 day)   |

| Drug Name                                                                                                        | Drug Tier    | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------|--------------|---------------------|
| <b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS</b>                                                     |              |                     |
| <b>AGENTS FOR SICKLE CELL DISEASE</b>                                                                            |              |                     |
| ENDARI PACK 5GM                                                                                                  | Preferred    | SP                  |
| SIKLOS TABS 100MG, 1000MG                                                                                        | Preferred    | AGE (Min 2, Max 17) |
| XROMI SOLN 100MG/ML                                                                                              | Preferred    |                     |
| <b>COBALAMINS</b>                                                                                                |              |                     |
| cyanocobalamin soln 1000mcg/ml                                                                                   | Preferred    |                     |
| <b>FOLIC ACID/FOLATES</b>                                                                                        |              |                     |
| folic acid tabs 1mg                                                                                              | Preferred    |                     |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                              |              |                     |
| EPOGEN SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML                                    | Preferred-PA | SP, PA              |
| LEUKINE SOLR 250MCG                                                                                              | Preferred    | SP                  |
| NEUPOGEN SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML                                           | Preferred    | SP                  |
| PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML                     | Preferred-PA | SP, PA              |
| <b>STEM CELL MOBILIZERS</b>                                                                                      |              |                     |
| MOZOBIL SOLN 24MG/1.2ML                                                                                          | Preferred    | SP                  |
| plerixafor (generic of MOZOBIL) soln 24mg/1.2ml                                                                  | Preferred    | SP                  |
| <b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS</b>                                                              |              |                     |
| <b>HEMOSTATICS - SYSTEMIC</b>                                                                                    |              |                     |
| aminocaproic acid tabs 500mg                                                                                     | Preferred    |                     |
| tranexamic acid tabs 650mg                                                                                       | Preferred    |                     |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS</b>                                |              |                     |
| <b>ANTI-HISTAMINE HYPNOTICS</b>                                                                                  |              |                     |
| diphenhydramine hcl (sleep) caps 25mg, 50mg; tabs 25mg                                                           | Preferred    | OTC                 |
| diphenhydramine-acetaminophen tab 25-500 mg (sleep)                                                              | Preferred    | OTC                 |
| doxylamine succinate (sleep) tabs 25mg                                                                           | Preferred    | OTC                 |
| <b>BARBITURATE HYPNOTICS</b>                                                                                     |              |                     |
| phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | Preferred    |                     |
| <b>NON-BARBITURATE HYPNOTICS</b>                                                                                 |              |                     |
| estazolam tabs 1mg, 2mg                                                                                          | Preferred    | PA                  |
| quazepam tabs 15mg                                                                                               | Preferred    | PA                  |
| temazepam (generic of RESTORIL) caps 7.5mg, 15mg, 22.5mg, 30mg                                                   | Preferred    | PA                  |
| triazolam tabs .125mg, .25mg                                                                                     | Preferred    | PA                  |

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

| 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 tabs 8.6mg, 25mg   | Preferred | OTC |

### SURFACTANT LAXATIVES

|                                                                          |           |     |
|--------------------------------------------------------------------------|-----------|-----|
| docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg | Preferred | OTC |
|--------------------------------------------------------------------------|-----------|-----|

## MACROLIDES - DRUGS TO TREAT INFECTIONS

### AZITHROMYCIN

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

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

### 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 |  |

### 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) |
| FREESTYLE LB KIT 3/SENSOR | Preferred-PA | PA, QL (2 boxes every 28 days) |

| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|--------------------------------------------------------------|------------------|-----------------------------------------------|
| 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                                           |
| OMNIPOD5 LIB KIT INTRO                                       | Preferred-PA     | PA, QL (1 kit every year)                     |
| OMNIPOD5 LIB MIS PODS                                        | Preferred-PA     | PA, QL (15 boxes every 30 days)               |
| 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 DASH MIS PODS                                        | Preferred-PA     | PA, QL (15 boxes every 30 days)               |
| OMNIPOD MIS POD PALS                                         | Preferred        | OTC                                           |
| <b>MISC. DEVICES</b>                                         |                  |                                               |
| ALCOHOL PREP PAD                                             | Preferred        | OTC                                           |
| <b>PARENTERAL THERAPY SUPPLIES</b>                           |                  |                                               |
| INSULIN SYRG MIS 0.3/29G                                     | Preferred        | OTC                                           |
| PEN NEEDLES MIS 29GX12.7                                     | Preferred        | OTC                                           |
| <b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>   |                  |                                               |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b> |                  |                                               |
| AIMOVIG SOAJ 70MG/ML, 140MG/ML                               | Preferred-PA     | PA                                            |
| AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML                     | Preferred-PA     | PA                                            |
| EMGALITY 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                                        |
| <b>MIGRAINE COMBINATIONS</b>                                 |                  |                                               |
| ergotamine w/ caffeine suppos 2-100 mg                       | Preferred        | QL (5 supp every 7 days)                      |

| Drug Name                                                                           | Drug Tier | Requirements/Limits           |
|-------------------------------------------------------------------------------------|-----------|-------------------------------|
| <b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>                          |           |                               |
| <i>dihydroergotamine mesylate soln 1mg/ml</i>                                       | Preferred | QL (10 ampules every 30 days) |
| <b>SEROTONIN AGONISTS</b>                                                           |           |                               |
| <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)     |
| <b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION</b>                            |           |                               |
| <b>FLUORIDE</b>                                                                     |           |                               |
| <i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml</i>                          | Preferred |                               |
| <b>PHOSPHATE</b>                                                                    |           |                               |
| PHOSPHA 250 TAB NEUTRAL                                                             | Preferred |                               |
| <i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>             | Preferred |                               |
| <b>POTASSIUM</b>                                                                    |           |                               |
| EFFER-K TBEF 25MEQ                                                                  | Preferred |                               |
| KLOR-CON 8 TBCR 8MEQ                                                                | 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 |                               |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                                            |           |                               |
| <b>CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING</b>                           |           |                               |
| DEPEN TITRATABS TABS 250MG                                                          | Preferred | SP                            |
| <i>penicillamine (generic of CUPRIMINE) caps 250mg</i>                              | Preferred | SP                            |
| <i>penicillamine (generic of DEPEN TITRATABS) tabs 250mg</i>                        | Preferred | SP                            |
| <i>trientine hcl (generic of SYPRINE) caps 250mg</i>                                | Preferred | SP                            |
| <i>trientine hcl caps 500mg</i>                                                     | Preferred | SP                            |

| Drug Name                                                                                     | Drug Tier | Requirements/Limits  |
|-----------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT</b>                                        |           |                      |
| azathioprine (generic of IMURAN) tabs 50mg                                                    | Preferred |                      |
| cyclosporine (generic of SANDIMMUNE) caps 25mg, 100mg                                         | Preferred |                      |
| cyclosporine modified (for microemulsion) (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml | Preferred |                      |
| cyclosporine modified (for microemulsion) caps 50mg                                           | Preferred |                      |
| mycophenolate mofetil (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg             | Preferred |                      |
| mycophenolate sodium (generic of MYFORTIC) tbec 180mg, 360mg                                  | Preferred |                      |
| sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg                                                    | Preferred |                      |
| tacrolimus (generic of PROGRAF) caps .5mg, 1mg, 5mg                                           | Preferred |                      |
| <b>IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE</b>                         |           |                      |
| water for irrigation, sterile irrigation soln                                                 | Preferred |                      |
| <b>POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM</b>                                   |           |                      |
| sodium polystyrene sulfonate susp 15gm/60ml                                                   | Preferred |                      |
| sodium polystyrene sulfonate powder                                                           | Preferred |                      |
| <b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>                            |           |                      |
| <b>ANESTHETICS TOPICAL ORAL</b>                                                               |           |                      |
| lidocaine hcl (mouth-throat) soln 2%, 4%                                                      | Preferred |                      |
| <b>ANTI-INFECTIVES - THROAT</b>                                                               |           |                      |
| clotrimazole troc 10mg                                                                        | Preferred |                      |
| NYSTATIN SUSP 100000UNIT/ML                                                                   | Preferred |                      |
| nystatin (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml                              | Preferred |                      |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                                                             |           |                      |
| chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%                         | Preferred |                      |
| <b>STEROIDS - MOUTH/THROAT/DENTAL</b>                                                         |           |                      |
| triamcinolone acetonide (mouth) pste .1%                                                      | Preferred |                      |
| <b>THROAT PRODUCTS - MISC.</b>                                                                |           |                      |
| pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg, 7.5mg                                   | Preferred |                      |
| <b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>                                                    |           |                      |
| <b>PRENATAL VITAMINS</b>                                                                      |           |                      |
| COMPLETENATE CHW                                                                              | Preferred | AGE (Min 10, Max 55) |
| M-NATAL PLUS TAB                                                                              | Preferred | AGE (Min 10, Max 55) |
| NIVA-PLUS TAB                                                                                 | Preferred | AGE (Min 10, Max 55) |
| OB COMPLETE TAB                                                                               | Preferred | AGE (Min 10, Max 55) |
| PNV 27-CA/FE TAB /FA                                                                          | Preferred | AGE (Min 10, Max 55) |

| Drug Name                                              | Drug Tier | Requirements/Limits  |
|--------------------------------------------------------|-----------|----------------------|
| 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) |
| 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 &amp; caffeine tab 25-385-30 mg</i> | Preferred |  |
|----------------------------------------------------------------|-----------|--|

## NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

### NASAL AGENTS - MISC.

|                         |           |     |
|-------------------------|-----------|-----|
| <i>saline soln .65%</i> | Preferred | OTC |
|-------------------------|-----------|-----|

### 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)         |
| <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),<br>OTC |
| <i>triamcinolone acetonide (nasal) aero 55mcg/act</i> | Preferred | OTC                              |

| Drug Name                                                                        | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------------|-----------|---------------------|
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>                                             |           |                     |
| <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                 |
| <b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES</b>                   |           |                     |
| <b>ALS AGENTS</b>                                                                |           |                     |
| <i>riluzole tabs 50mg</i>                                                        | Preferred |                     |
| <b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b>                         |           |                     |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>                                           |           |                     |
| <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                 |
| <b>BETA-BLOCKERS - OPHTHALMIC</b>                                                |           |                     |
| <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%<br/>(generic of COSOPT)</i> | Preferred |                     |
| <i>levobunolol hcl soln .5%</i>                                                  | Preferred |                     |
| <i>timolol maleate (ophth) solg .25%, .5%; soln .25%,<br/>.5%</i>                | Preferred |                     |
| <i>timolol maleate (ophth) (generic of ISTALOL) soln<br/>.5%</i>                 | Preferred |                     |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                                    |           |                     |
| <i>ATROPINE SULFATE SOLN 1%</i>                                                  | Preferred |                     |
| <i>atropine sulfate (ophthalmic) soln 1%</i>                                     | Preferred |                     |
| <i>CYCLOMYDRIL SOL OP</i>                                                        | 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 |                     |
| <b>MIOTICS</b>                                                                   |           |                     |
| <i>pilocarpine hcl soln 1%, 1.25%, 2%, 4%</i>                                    | Preferred |                     |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                                              |           |                     |
| <i>ALPHAGAN P SOLN .1%, .15%</i>                                                 | Preferred |                     |
| <i>brimonidine tartrate (generic of ALPHAGAN P) soln<br/>.1%, .15%</i>           | Preferred |                     |
| <i>brimonidine tartrate soln .2%</i>                                             | Preferred |                     |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                                                |           |                     |
| <i>bacitracin-polymyxin b ophth oint</i>                                         | Preferred |                     |
| <i>CILOXAN OINT .3%</i>                                                          | 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 |                     |

| Drug Name                                                    | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|-----------|---------------------|
| levofloxacin (ophth) soln .5%                                | Preferred |                     |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin | Preferred |                     |
| neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml | Preferred |                     |
| ofloxacin (ophth) (generic of OCUFLOX) soln .3%              | Preferred |                     |
| polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%       | Preferred |                     |
| sulfacetamide sodium (ophth) soln 10%                        | Preferred |                     |
| tobramycin (ophth) soln .3%                                  | Preferred |                     |
| TOBREX OINT .3%                                              | Preferred |                     |
| trifluridine soln 1%                                         | Preferred |                     |
| ZIRGAN GEL .15%                                              | Preferred |                     |

### OPHTHALMIC DECONGESTANTS

|                                                  |           |     |
|--------------------------------------------------|-----------|-----|
| naphazoline w/ pheniramine ophth soln 0.025-0.3% | Preferred | OTC |
|--------------------------------------------------|-----------|-----|

### OPHTHALMIC STEROIDS

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

### OPHTHALMICS - MISC.

|                                         |           |                          |
|-----------------------------------------|-----------|--------------------------|
| azelastine hcl (ophth) soln .05%        | Preferred | QL (12 mL every 30 days) |
| cromolyn sodium (ophth) soln 4%         | Preferred | QL (50 mL every 30 days) |
| diclofenac sodium (ophth) soln .1%      | Preferred | QL (10 mL every 14 days) |
| dorzolamide hcl soln 2%                 | Preferred |                          |
| flurbiprofen sodium soln .03%           | Preferred |                          |
| ketorolac tromethamine (ophth) soln .4% | Preferred |                          |

| Drug Name                                                          | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------|-----------|--------------------------|
| <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 |
|----------------------------------------------------|-----------|

#### **OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR**

##### **OTIC AGENTS - MISCELLANEOUS**

|                                   |           |
|-----------------------------------|-----------|
| <i>acetic acid (otic) soln 2%</i> | Preferred |
|-----------------------------------|-----------|

##### **OTIC ANTI-INFECTIVES**

|                                  |           |
|----------------------------------|-----------|
| <i>ofloxacin (otic) soln .3%</i> | Preferred |
|----------------------------------|-----------|

##### **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) |
|-------------------------------------------|-----------|-----------------------------|

#### **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 |
| ENFLONSIA SOSY 105MG/0.7ML          | Preferred |
| ZINPLAVA SOLN 1000MG/40ML           | Preferred |

| Drug Name                                                                                                                   | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>                                                                              |           |                     |
| <b>AMINOPENICILLINS</b>                                                                                                     |           |                     |
| <i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i> | Preferred |                     |
| <i>ampicillin caps 500mg</i>                                                                                                | Preferred |                     |
| <i>ampicillin sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>                                                                  | Preferred |                     |
| <b>NATURAL PENICILLINS</b>                                                                                                  |           |                     |
| <i>BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML</i>                                                    | Preferred |                     |
| <i>PEN GK/DEXTR INJ 40000/ML</i>                                                                                            | Preferred |                     |
| <i>PEN GK/DEXTR INJ 60000/ML</i>                                                                                            | 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 |                     |
| <b>PENICILLIN COMBINATIONS</b>                                                                                              |           |                     |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>                                                             | Preferred |                     |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>                                                             | Preferred |                     |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>                                                               | Preferred |                     |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>                               | Preferred |                     |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>                                                                       | Preferred |                     |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>                                                                       | Preferred |                     |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>                                                                       | Preferred |                     |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>                                         | Preferred |                     |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>                                             | Preferred |                     |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>                             | Preferred |                     |
| <i>BICILLIN C-R INJ 900/300</i>                                                                                             | Preferred |                     |
| <i>BICILLIN C-R INJ 1200000</i>                                                                                             | 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 |                     |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                                                            | Preferred |                     |

| Drug Name                                                          | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|-----------|---------------------|
| <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) |
| LYBALVI TAB 20-10MG                                 | Preferred | AGE (Min 8) |
| <i>perphenazine-amitriptyline tab 2-10 mg</i>       | Preferred |             |

| Drug Name                                                                                                | Drug Tier    | Requirements/Limits     |
|----------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| <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    |                         |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                                                                    |              |                         |
| 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                  |
| <b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>                                     |              |                         |
| 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 &amp; 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             |
| KESIMPTA SOAJ 20MG/0.4ML                                                                                 | Preferred-PA | SP, PA                  |
| REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML                                                                      | Preferred    | SP                      |
| REBIF REBIDO INJ TITRATN                                                                                 | Preferred    | SP                      |
| REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML                                                             | Preferred    | SP                      |
| REBIF TITRTN INJ PACK                                                                                    | Preferred    | SP                      |
| TECFIDERA CPDR 120MG, 240MG                                                                              | Preferred    | SP                      |
| TECFIDERA CAP STARTER                                                                                    | Preferred    | SP                      |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>       |              |                         |
| <i>pimozide tabs 1mg, 2mg</i>                                                                            | Preferred    |                         |
| <b>SMOKING DETERRENTS</b>                                                                                |              |                         |
| <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                     |
| NICOTINE SYS KIT TRANSDER                                                                                | Preferred    | OTC                     |

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

#### **TRANSTHYRETIN AMYLOIDOSIS AGENTS**

|                        |           |    |
|------------------------|-----------|----|
| ONPATTRO SOLN 10MG/5ML | Preferred | SP |
|------------------------|-----------|----|

### **RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS**

#### **CYSTIC FIBROSIS AGENTS**

|                            |           |    |
|----------------------------|-----------|----|
| PULMOZYME SOLN 2.5MG/2.5ML | Preferred | SP |
|----------------------------|-----------|----|

### **SULFONAMIDES - DRUGS TO TREAT INFECTIONS**

#### **SULFONAMIDES - DRUGS TO TREAT INFECTIONS**

|                                |           |  |
|--------------------------------|-----------|--|
| <i>sulfadiazine tabs 500mg</i> | Preferred |  |
|--------------------------------|-----------|--|

### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

#### **AMINOMETHYLCYCLINES**

|                   |           |  |
|-------------------|-----------|--|
| NUZYRA SOLR 100MG | Preferred |  |
|-------------------|-----------|--|

#### **FLUOROCYCLINES**

|                  |           |  |
|------------------|-----------|--|
| XERAVA SOLR 50MG | Preferred |  |
|------------------|-----------|--|

#### **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,</i><br><i>100mg, 150mg</i>        | Preferred | QL (2 caps every 1 day) |
| <i>doxycycline (monohydrate) susr 25mg/5ml</i>                                  | Preferred |                         |
| <i>doxycycline (monohydrate) tabs 50mg, 75mg,</i><br><i>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</i><br><i>50mg, 75mg, 100mg</i> | Preferred |                         |
| <i>tetracycline hcl caps 250mg, 500mg</i>                                       | Preferred |                         |
| TETRACYCLINE HYDROCHLORID TABS 250MG,<br>500MG                                  | Preferred |                         |

### **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

#### **ANTITHYROID AGENTS**

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

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**THYROID HORMONES**

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

**TOXOIDS - DRUGS TO PREVENT INFECTIONS**

**TOXOID COMBINATIONS**

|                     |           |
|---------------------|-----------|
| ADACEL INJ          | Preferred |
| BOOSTRIX INJ        | Preferred |
| DAPTACEL INJ        | Preferred |
| INFANRIX INJ        | Preferred |
| KINRIX INJ          | Preferred |
| PEDIARIX INJ 0.5ML  | Preferred |
| PENTACEL INJ        | Preferred |
| QUADRACEL INJ 0.5ML | Preferred |
| TENIVAC INJ 5-2LF   | Preferred |
| VAXELIS INJ         | Preferred |

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

**ANTISPASMODICS - DRUGS FOR STOMACH SPASMS**

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

| 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 |
|------------------------------------------------------|-----------|----|

## 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) srer 8mg/ml; tb24 25mg, 50mg | Preferred |  |
| MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG                         | Preferred |  |

### URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

|                                                 |           |  |
|-------------------------------------------------|-----------|--|
| bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg | Preferred |  |
|-------------------------------------------------|-----------|--|

## 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 |                     |
| PEDVAXHIB 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 |                                |
| AREXVY SUSR 120MCG/0.5ML                                                     | Preferred |                                |
| COMIRNATY 2025-26 SUSY 30MCG/0.3ML                                           | Preferred |                                |
| COMIRNATY/5-11Y/2025-26 SUSP 10MCG/0.3ML                                     | Preferred |                                |
| DENGXVAXIA SUS                                                               | Preferred |                                |
| ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML                          | Preferred |                                |
| FLUAD INJ 2026-27                                                            | Preferred |                                |
| FLUBLOK INJ 2026-27                                                          | Preferred |                                |
| FLUCELVAX INJ 2026-27                                                        | Preferred |                                |
| FLUMIST NASA LIQ 2025-26                                                     | Preferred |                                |
| FLUZONE HD INJ 2026-27                                                       | Preferred |                                |
| FLUZONE INJ 2026-27                                                          | 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 |                                |
| IPOIN INJ INACTIVE                                                           | Preferred |                                |
| IXIARO INJ                                                                   | Preferred |                                |
| M-M-R II INJ                                                                 | Preferred |                                |
| MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML                                   | Preferred |                                |
| PRIORIX INJ                                                                  | Preferred |                                |
| PROQUAD INJ                                                                  | Preferred |                                |
| RABAVERT INJ                                                                 | Preferred |                                |
| RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML | Preferred |                                |
| ROTARIX SUS                                                                  | Preferred |                                |
| ROTATEQ SOL                                                                  | Preferred |                                |
| SHINGRIX SUSY 50MCG/0.5ML                                                    | Preferred | QL (2 injections per lifetime) |

| Drug Name                                                           | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------|-----------|---------------------|
| SPIKEVAX COVID-19 VACCINE SUSY<br>25MCG/0.25ML, 50MCG/0.5ML         | Preferred |                     |
| TWINRIX INJ                                                         | Preferred |                     |
| VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY<br>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<br>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 &amp; 2% cream<br/>9 gm kit</i>    | Preferred | OTC                       |
| <i>miconazole nitrate vaginal supp 200 mg &amp; 2%<br/>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 |  |
|-----------|-----------|--|

### VAGINAL ESTROGENS

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

### VAGINAL PROGESTINS

|                                                                            |           |  |
|----------------------------------------------------------------------------|-----------|--|
| ENDOMETRIN INST 100MG                                                      | Preferred |  |
| <i>progesterone (vaginal)</i> (generic of ENDOMETRIN)<br><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) |
| 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)</i> (generic of EPIPEN 2-<br>PAK) <i>soaj .3mg/0.3ml</i>     | Preferred | QL (4 pens every 365 days) |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-<br>PAK) <i>soaj .15mg/0.3ml</i> | Preferred |                            |

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------|------------------|----------------------------|
| <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 |  |
|--------------------------------------------|-----------|--|

#### **VITAMINS - DRUGS FOR NUTRITION**

##### **OIL SOLUBLE VITAMINS**

|                                              |           |  |
|----------------------------------------------|-----------|--|
| DRISDOL CAPS 50000UNIT                       | Preferred |  |
| <i>ergocalciferol caps 1.25mg, 50000unit</i> | Preferred |  |
| <i>phytonadione tabs 5mg</i>                 | Preferred |  |

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