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.
Updated: 07/23/2026

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INTRODUCTION

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

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

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

PREFACE

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

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

LEGEND

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

NOTICE

 This document contains references to brand name prescriptions that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	Preferred	QL (3 tabs every 1 day), AGE (Min 6, Max 18)
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
DYANAVEL XR SUER 2.5MG/ML	Preferred-PA	PA, QL (8 mL every 1 day), AGE (Min 6, Max 18)
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	Preferred	AGE (Min 6, Max 18)
ANALEPTICS		
caffeine citrate soln 20mg/ml, 60mg/3ml	Preferred	
CAFFEINE CITRATE SOLN 60MG/3ML	Preferred	
caffeine citrate (generic of CAFFEINE CITRATE) *soln 60mg/3ml*	Preferred	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
atomoxetine hcl caps 10mg, 18mg, 25mg	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 tbcr 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		
GRASTEK SUBL 2800BAU	Preferred	
ORALAIR SUB 300 IR	Preferred	
RAGWITEK SUBL 12AMBA1-U	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - M'S		
melatonin tabs 3mg	Preferred	OTC
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
amikacin sulfate soln 1gm/4ml, 500mg/2ml	Preferred	
gentamicin in saline inj 1.2 mg/ml	Preferred	
gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml	Preferred	
KITABIS PAK NEBU 300MG/5ML	Preferred	SP
neomycin sulfate tabs 500mg	Preferred	
streptomycin sulfate solr 1gm	Preferred	
tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 80mg/2ml; solr 1.2gm	Preferred	
ZEMDRI SOLN 500MG/10ML	Preferred	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADBM AJKT 40MG/0.4ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML	Preferred-PA	SP, PA
SIMLANDI PSKT 20MG/0.2ML, 40MG/0.4ML	Preferred-PA	SP, PA
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	Preferred-PA	SP, PA
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	Preferred-PA	SP, PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15MG, 30MG, 45MG	Preferred-PA	SP, PA
RINVOQ LQ SOLN 1MG/ML	Preferred-PA	SP, PA
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	Preferred-PA	SP, PA
XELJANZ XR TB24 11MG, 22MG	Preferred-PA	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib (generic of CELEBREX) *caps 50mg, 100mg, 200mg, 400mg*	Preferred	
diclofenac potassium tabs 50mg	Preferred	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	Preferred	
etodolac caps 200mg, 300mg; tabs 500mg; tb24 400mg, 500mg, 600mg	Preferred	
etodolac (generic of LODINE) *tabs 400mg*	Preferred	
flurbiprofen tabs 100mg	Preferred	
ibuprofen caps 200mg; chew 100mg; susp 50mg/1.25ml, 100mg/5ml, 200mg/10ml; tabs 200mg	Preferred	OTC
ibuprofen susp 100mg/5ml; tabs 300mg, 400mg, 600mg, 800mg	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-caffeine cap 50-300-40 mg (generic of FIORICET)	Preferred	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	Preferred	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Preferred	
butalbital-aspirin-caffeine 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
salsalate tabs 500mg, 750mg	Preferred	
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
CODEINE SULFATE TABS 15MG	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
codeine sulfate tabs 30mg	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)
hydromorphone hcl (generic of DILAUDID) *liqd 1mg/ml; tabs 2mg, 4mg, 8mg*	Preferred	PA
HYDROMORPHONE HCL SUPP 3MG	Preferred	PA
morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg	Preferred	PA
morphine sulfate (generic of MS CONTIN) *tbcr 15mg, 30mg, 60mg*	Preferred-PA	PA, QL (3 tabs every 1 day)
morphine sulfate tbcr 100mg, 200mg	Preferred-PA	PA, QL (3 tabs every 1 day)
oxycodone hcl caps 5mg; conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg	Preferred	PA
oxycodone hcl (generic of ROXICODONE) *tabs 15mg, 30mg*	Preferred	PA
tramadol hcl tabs 50mg	Preferred	PA, QL (8 tabs every 1 day), AGE (Min 18)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	Preferred	PA, QL (150 mL every 1 day), AGE (Min 18)
acetaminophen w/ codeine tab 300-15 mg	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
acetaminophen w/ codeine tab 300-30 mg	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
acetaminophen w/ codeine tab 300-60 mg	Preferred	PA, QL (6 tabs every 1 day), AGE (Min 18)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	Preferred	PA, QL (6 caps every 1 day), AGE (Min 18)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Preferred	PA, QL (184 mL every 1 day)
hydrocodone-acetaminophen soln 10-300 mg/15ml	Preferred	PA
hydrocodone-acetaminophen tab 5-300 mg	Preferred	PA, QL (13 tabs every 1 day)
hydrocodone-acetaminophen tab 5-325 mg	Preferred	PA, QL (12 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	Preferred	PA, QL (13 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	Preferred	PA, QL (12 tabs every 1 day)
hydrocodone-acetaminophen tab 10-300 mg	Preferred	PA, QL (13 tabs every 1 day)
hydrocodone-acetaminophen tab 10-325 mg	Preferred	PA, QL (12 tabs every 1 day)
hydrocodone-ibuprofen tab 5-200 mg	Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-ibuprofen tab 7.5-200 mg	Preferred	PA
hydrocodone-ibuprofen tab 10-200 mg	Preferred	PA
oxycodone w/ acetaminophen tab 2.5-325 mg	Preferred	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	Preferred	
buprenorphine hcl soln .3mg/ml	Preferred	PA
buprenorphine hcl subl 2mg, 8mg	Preferred	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)	Preferred	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)	Preferred	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)	Preferred	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)	Preferred	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Preferred	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Preferred	
butorphanol tartrate soln 1mg/ml, 2mg/ml	Preferred	PA
nalbuphine hcl soln 10mg/ml, 20mg/ml	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		
danazol caps 50mg, 100mg, 200mg	Preferred	

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

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

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl (generic of VANCOCIN) *caps 125mg*	Preferred	QL (80 caps every 135 days)
vancomycin hcl (generic of VANCOCIN) *caps 250mg*	Preferred	QL (160 caps every 135 days)
vancomycin hcl soln 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; solr 1gm, 1.5gm, 5gm, 10gm, 500mg	Preferred	
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) *solr 1.25gm, 1.5gm, 750mg*	Preferred	
vancomycin hcl (generic of FIRVANQ) *solr 25mg/ml, 50mg/ml*	Preferred	QL (1800 mL every 135 days)
vancomycin hcl solr 250mg/5ml	Preferred	QL (1800 mL every 135 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500MG/100ML; SOLR 1GM, 1.25GM, 1.5GM, 5GM, 10GM, 500MG, 750MG	Preferred	
VANCOMYCIN INJ 1 GM	Preferred	
VANCOMYCIN INJ 500MG	Preferred	
VANCOMYCIN INJ 750MG	Preferred	
VIBATIV SOLR 750MG	Preferred	
LEPROSTATICS		
dapsone tabs 25mg, 100mg	Preferred	
LINCOSAMIDES		
CLEOCIN PHOSPHATE SOLN 300MG/2ML, 600MG/4ML, 900MG/6ML	Preferred	
clindamycin hcl (generic of CLEOCIN) *caps 75mg*	Preferred	
clindamycin hcl caps 150mg, 300mg	Preferred	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) *solr 75mg/5ml*	Preferred	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) *soln 300mg/2ml, 600mg/4ml, 900mg/6ml*	Preferred	
clindamycin phosphate in d5w iv soln 300 mg/50ml	Preferred	
clindamycin phosphate in d5w iv soln 600 mg/50ml	Preferred	
clindamycin phosphate in d5w iv soln 900 mg/50ml	Preferred	
CLINDMYC/NAC INJ 300/50ML	Preferred	
CLINDMYC/NAC INJ 600/50ML	Preferred	
CLINDMYC/NAC INJ 900/50ML	Preferred	
LINCOCIN SOLN 300MG/ML	Preferred	
lincomycin hcl (generic of LINCOCIN) *soln 300mg/ml*	Preferred	
MONOBACTAMS		
aztreonam solr 1gm, 2gm	Preferred	

Drug Name	Drug Tier	Requirements/Limits
OXAZOLIDINONES		
linezolid (generic of ZYVOX) *soln 600mg/300ml*	Preferred	
LINEZOLID INJ 2MG/ML	Preferred	
SIVEXTRO SOLR 200MG	Preferred	
ZYVOX SOLN 600MG/300ML	Preferred	
POLYMYXINS		
colistimethate sodium (generic of COLY-MYCIN M) *solr 150mg*	Preferred	
COLY-MYCIN M SOLR 150MG	Preferred	
polymyxin b sulfate solr 500000unit	Preferred	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
fosfomycin tromethamine pack 3gm	Preferred	
methenamine hippurate tabs 1gm	Preferred	
methenamine mandelate tabs .5gm, 1gm	Preferred	
nitrofurantoin susp 25mg/5ml	Preferred	
NITROFURANTOIN SUSP 50MG/5ML	Preferred	
nitrofurantoin macrocrystal caps 25mg	Preferred	QL (4 caps every 1 day)
nitrofurantoin macrocrystal caps 50mg, 100mg	Preferred	
nitrofurantoin monohyd macro (generic of MACROBID) *caps 100mg*	Preferred	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg	Preferred	
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	Preferred	
NITRO-TIME CPCR 2.5MG, 6.5MG, 9MG	Preferred	
nitroglycerin oint 2%; pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Preferred	
nitroglycerin (generic of NITROSTAT) *subl .3mg, .4mg, .6mg*	Preferred	
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	Preferred	
hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	Preferred	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	Preferred	
BENZODIAZEPINES		
alprazolam (generic of XANAX) *tabs .25mg, .5mg, 1mg, 2mg*	Preferred	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	Preferred	PA
ATIVAN SOLN 2MG/ML	Preferred	PA
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	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 tbcr 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
ipratropium bromide soln .02%	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)
tiotropium bromide (generic of SPIRIVA HANDIHALER) *caps 18mcg*	Preferred	QL (1 cap every 1 day)
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) *chew 4mg, 5mg; pack 4mg; tabs 10mg*	Preferred	
zafirlukast tabs 10mg, 20mg	Preferred	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
beclomethasone dipropionate aers 40mcg/act, 80mcg/act	Preferred	
budesonide (inhalation) (generic of PULMICORT) *susp 1mg/2ml*	Preferred	QL (2 mL every 1 day), AGE (Max 7)
budesonide (inhalation) (generic of PULMICORT) *susp .25mg/2ml, .5mg/2ml*	Preferred	QL (4 mL every 1 day), AGE (Max 7)
fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act	Preferred	QL (1 inhaler every 30 days)
fluticasone propionate (inhalation) aepb 50mcg/act	Preferred	QL (3 inhalers every 30 days); Diskus
fluticasone propionate (inhalation) aepb 100mcg/act, 250mcg/act	Preferred	QL (4 inhalers every 30 days); Diskus
fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act	Preferred	QL (2 inhalers every 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	Preferred	QL (3 inhalers every 30 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 250/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 500/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR HFA AER 45/21	Preferred	QL (12 gm every 30 days)
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
albuterol sulfate aers 108mcg/act	Preferred	QL (2 inhalers every 30 days)
albuterol sulfate (generic of VENTOLIN HFA) *aers 108mcg/act*	Preferred	QL (2 inhalers every 30 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Preferred	
ANORO ELLIPT AER 62.5-25	Preferred	QL (2 blisters every 1 day)
DULERA AER 50-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 100-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 200-5MCG	Preferred	QL (13 gm every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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)
terbutaline sulfate tabs 2.5mg, 5mg	Preferred	
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	Preferred	QL (2 blisters every 1 day)
XANTHINES		
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	Preferred	
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg	Preferred	
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	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		
enoxaparin sodium (generic of LOVENOX) *soln 300mg/3ml*	Preferred	QL (30 mL every 30 days)
enoxaparin sodium (generic of LOVENOX) *sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml*	Preferred	
fondaparinux sodium (generic of ARIXTRA) *soln 2.5mg/0.5ml*	Preferred	QL (15 mL every 30 days)
fondaparinux sodium (generic of ARIXTRA) *soln 5mg/0.4ml*	Preferred	QL (12 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium (generic of ARIXTRA) *soln 7.5mg/0.6ml*	Preferred	QL (18 mL every 30 days)
fondaparinux sodium (generic of ARIXTRA) *soln 10mg/0.8ml*	Preferred	QL (24 mL every 30 days)
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML	Preferred	
FRAGMIN SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML	Preferred	QL (12 mL every 30 days)
FRAGMIN SOSY 7500UNIT/0.3ML	Preferred	QL (18 mL every 30 days)
FRAGMIN SOSY 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML	Preferred	QL (2 syringes every 1 day)
FRAGMIN SOSY 18000UNT/0.72ML	Preferred	QL (43 mL every 30 days)
HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY 5000UNIT/0.5ML	Preferred	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Preferred	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam (generic of KLONOPIN) *tabs .5mg, 1mg, 2mg*	Preferred	PA
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	Preferred	
ANTICONVULSANTS - MISC.		
brivaracetam (generic of BRIVIACT) *soln 50mg/5ml*	Preferred	
BRIVIACT SOLN 50MG/5ML	Preferred	
carbamazepine chew 100mg, 200mg	Preferred	
carbamazepine (generic of TEGRETOL) *susp 100mg/5ml; tabs 200mg*	Preferred	
carbamazepine (generic of TEGRETOL-XR) *tb12 100mg, 200mg, 400mg*	Preferred	
gabapentin (generic of NEURONTIN) *caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg*	Preferred	
KEPPRA SOLN 500MG/5ML	Preferred	
lacosamide (generic of VIMPAT) *soln 200mg/20ml*	Preferred	
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) *chew 5mg, 25mg*	Preferred	
lamotrigine (generic of LAMICTAL) *tabs 25mg, 100mg, 150mg, 200mg*	Preferred	
LEVETIR/NACL INJ 5MG/ML	Preferred	
LEVETIR/NACL INJ 10MG/ML	Preferred	
LEVETIR/NACL INJ 15MG/ML	Preferred	
levetiracetam (generic of KEPPRA) *soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg*	Preferred	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam (generic of KEPPRA XR) *tb24 500mg, 750mg*	Preferred	
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Preferred	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Preferred	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Preferred	
oxcarbazepine (generic of TRILEPTAL) *susp 300mg/5ml; tabs 150mg, 300mg, 600mg*	Preferred	
oxcarbazepine (generic of OXTELLAR XR) *tb24 150mg, 300mg, 600mg*	Preferred	
pregabalin (generic of LYRICA) *caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml*	Preferred	
primidone (generic of MYSOLINE) *tabs 50mg, 250mg*	Preferred	
primidone tabs 125mg	Preferred	
topiramate (generic of TOPAMAX SPRINKLE) *cpsp 15mg, 25mg*	Preferred	
topiramate cpsp 50mg	Preferred	
topiramate (generic of TOPAMAX) *tabs 25mg, 50mg, 100mg, 200mg*	Preferred	
VIMPAT SOLN 200MG/20ML	Preferred	
zonisamide (generic of ZONEGRAN) *caps 25mg, 100mg*	Preferred	
zonisamide caps 50mg	Preferred	
CARBAMATES		
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	Preferred	
XCOPRI PAK 12.5-25	Preferred	
XCOPRI PAK 50-100MG	Preferred	
XCOPRI PAK 100-150	Preferred	
XCOPRI PAK 150-200	Preferred	
HYDANTOINS		
CEREBYX SOLN 100MGPE/2ML, 500MGPE/10ML	Preferred	
fosphenytoin sodium (generic of CEREBYX) *soln 100mgpe/2ml, 500mgpe/10ml*	Preferred	
phenytoin (generic of DILANTIN INFATABS) *chew 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
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	Preferred	
glipizide-metformin hcl tab 2.5-500 mg	Preferred	
glipizide-metformin hcl tab 5-500 mg	Preferred	
glyburide-metformin tab 1.25-250 mg	Preferred	
glyburide-metformin tab 2.5-500 mg	Preferred	
glyburide-metformin tab 5-500 mg	Preferred	
sitagliptin free base-metformin hcl tab 50-500 mg	Preferred	
sitagliptin free base-metformin hcl tab 50-1000 mg	Preferred	
BIGUANIDES		
metformin hcl tabs 500mg, 750mg, 850mg, 1000mg; tb24 500mg, 750mg	Preferred	
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	Preferred	
BAQSIMI TWO PACK POWD 3MG/DOSE	Preferred	
diazoxide (generic of PROGLYCEM) *susp 50mg/ml*	Preferred	
glucagon solr 1mg	Preferred	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	Preferred	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE KIT SOLN 1MG/0.2ML	Preferred	
GVOKE PFS SOSY 1MG/0.2ML	Preferred	
PROGLYCEM SUSP 50MG/ML	Preferred	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25MG, 50MG, 100MG	Preferred	QL (1 tab every 1 day)
TRADJENTA TABS 5MG	Preferred	QL (1 tab every 1 day)
INCRETIN MIMETIC AGENTS		
liraglutide (generic of VICTOZA) *sopn 6mg/ml*	Preferred	PA
OZEMPIC TABS 1.5MG, 4MG, 9MG	Preferred-PA	PA
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Preferred	PA, QL (2 pens every 28 days)
VICTOZA SOPN 18MG/3ML	Preferred	PA
INSULIN		
HUMALOG SOCT 100UNIT/ML	Preferred	QL (30 mL every 28 days)
HUMALOG SOLN 100UNIT/ML	Preferred	PA, QL (40 mL every 28 days)
HUMALOG JUNIOR KWIKPEN SOPN 100UNIT/ML	Preferred	PA, QL (30 mL every 28 days)
HUMALOG KWIKPEN SOPN 100UNIT/ML	Preferred	PA, QL (30 mL every 28 days)
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		
pioglitazone hcl (generic of ACTOS) *tabs 15mg, 30mg, 45mg*	Preferred	
MEGLITINIDE ANALOGUES		
nateglinide 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		
glimepiride tabs 1mg, 2mg, 3mg, 4mg	Preferred	
glipizide tabs 2.5mg, 5mg, 10mg, 15mg; tb24 2.5mg, 10mg	Preferred	
glipizide (generic of GLUCOTROL XL) *tb24 5mg*	Preferred	
glyburide tabs 1.25mg, 2.5mg, 5mg	Preferred	
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
bismuth subsalicylate chew 262mg; susp 262mg/15ml, 525mg/30ml; tabs 262mg	Preferred	OTC
probiotic product - cap	Preferred	OTC
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Preferred	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
LOMOTIL TAB 2.5MG	Preferred	
loperamide hcl caps 2mg	Preferred	
loperamide hcl caps 2mg; tabs 2mg	Preferred	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100MG	Preferred	
OPIOID ANTAGONISTS		
KLOXXADO LIQD 8MG/0.1ML	Preferred	QL (2 bottles every 30 days)
NALMEFENE HYDROCHLORIDE SOLN 1MG/ML	Preferred	
naloxone hcl liqd 4mg/0.1ml	Preferred	OTC
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml	Preferred	
naltrexone hcl tabs 50mg	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		
ondansetron tbdp 4mg, 8mg	Preferred	
ondansetron hcl soln 4mg/5ml	Preferred	QL (50 mL every 15 days)
ondansetron hcl tabs 4mg, 8mg, 24mg	Preferred	
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrinate tabs 50mg	Preferred	OTC
meclizine hcl chew 25mg	Preferred	OTC
meclizine hcl chew 25mg; tabs 12.5mg, 25mg, 50mg	Preferred	
scopolamine (generic of TRANSDERM SCOP) *pt72 1mg/3days*	Preferred	
TRANSDERM SCOP PT72 1MG/3DAYS	Preferred	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg	Preferred	QL (1 cap every 21 days)
aprepitant (generic of EMEND BIPACK) *caps 80mg*	Preferred	QL (2 caps every 14 days)
aprepitant caps 125mg	Preferred	QL (1 cap every 14 days)
aprepitant capsule therapy pack 80 & 125 mg	Preferred	QL (3 caps every 14 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
griseofulvin microsize susp 125mg/5ml; tabs 500mg	Preferred	
griseofulvin ultramicrosize tabs 125mg, 250mg	Preferred	
nystatin tabs 500000unit	Preferred	
terbinafine hcl tabs 250mg	Preferred	QL (90 tabs every year)
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susr 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg	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		
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	Preferred	
ANTIHYPERLIPIDEMICS - 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)

Drug Name	Drug Tier	Requirements/Limits
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	

Drug Name	Drug Tier	Requirements/Limits
methyldopa tabs 250mg, 500mg	Preferred	
prazosin hcl caps 1mg, 2mg, 5mg	Preferred	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	Preferred	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Preferred	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	Preferred	
amlodipine besylate-benazepril hcl cap 5-20 mg	Preferred	
amlodipine besylate-benazepril hcl cap 5-40 mg	Preferred	
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	Preferred	
amlodipine besylate-benazepril hcl cap 10-40 mg	Preferred	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)	Preferred	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED)	Preferred	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED)	Preferred	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED)	Preferred	
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	Preferred	
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	Preferred	
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	Preferred	
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	Preferred	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)	Preferred	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)	Preferred	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)	Preferred	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)	Preferred	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)	Preferred	
atenolol & chlorthalidone tab 50-25 mg	Preferred	
atenolol & chlorthalidone tab 100-25 mg	Preferred	

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

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

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	Preferred	
VASODILATORS		
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	Preferred	
minoxidil tabs 2.5mg, 10mg	Preferred	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Preferred	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Preferred	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
chloroquine phosphate tabs 250mg	Preferred	QL (36 tabs every 16 days)
chloroquine phosphate tabs 500mg	Preferred	QL (18 tabs every 16 days)
hydroxychloroquine sulfate tabs 100mg	Preferred	QL (6 tabs every 1 day)
hydroxychloroquine sulfate (generic of PLAQUENIL) *tabs 200mg*	Preferred	QL (100 tabs every 30 days)
hydroxychloroquine sulfate tabs 300mg, 400mg	Preferred	QL (2 tabs every 1 day)
mefloquine hcl tabs 250mg	Preferred	
PRIMAQUINE PHOSPHATE TABS 26.3MG	Preferred	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) *tabs 26.3mg*	Preferred	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
pyridostigmine bromide (generic of MESTINON) *soln 60mg/5ml; tabs 60mg*	Preferred	
pyridostigmine bromide tabs 30mg	Preferred	
pyridostigmine bromide (generic of MESTINON TIMESPAN) *tbcr 180mg*	Preferred	
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 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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
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
pazopanib hcl (generic of VOTRIENT) *tabs 200mg*	Preferred	SP
pazopanib hcl tabs 400mg	Preferred	
sorafenib tosylate (generic of NEXAVAR) *tabs 200mg*	Preferred	SP
sunitinib malate (generic of SUTENT) *caps 12.5mg, 25mg, 37.5mg, 50mg*	Preferred	SP
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	Preferred	SP
VOTRIENT TABS 200MG	Preferred	SP
ANTINEOPLASTICS MISC.		
bexarotene (generic of TARGRETIN) *caps 75mg*	Preferred	SP
hydroxyurea (generic of HYDREA) *caps 500mg*	Preferred	
MATULANE CAPS 50MG	Preferred	SP
tretinoin (chemotherapy) caps 10mg	Preferred	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	Preferred	
mesna (generic of MESNEX) *tabs 400mg*	Preferred	
MESNEX TABS 400MG	Preferred	
MITOTIC INHIBITORS		
etoposide caps 50mg	Preferred	
paclitaxel conc 6mg/ml, 150mg/25ml	Preferred	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	Preferred	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa (generic of LODOSYN) *tabs 25mg*	Preferred	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	Preferred	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	Preferred	
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	Preferred	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	Preferred	
bromocriptine mesylate caps 5mg; tabs 2.5mg	Preferred	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Preferred	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Preferred	
carbidopa & levodopa tab 25-250 mg	Preferred	
carbidopa & levodopa tab er 25-100 mg	Preferred	
carbidopa & levodopa tab er 50-200 mg	Preferred	

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; tbcr 450mg	Preferred	
lithium carbonate (generic of LITHOBID) *tbcr 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)

Drug Name	Drug Tier	Requirements/Limits
risperidone (generic of RISPERDAL) *soln 1mg/ml*	Preferred	QL (8 mL every 1 day), AGE (Min 8)
risperidone (generic of RISPERDAL) *tabs .5mg, 1mg, 2mg, 3mg, 4mg*	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
risperidone tabs .25mg	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		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Preferred	
haloperidol decanoate soln 50mg/ml, 100mg/ml	Preferred	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	Preferred	
DIBENZAPINES		
clozapine (generic of CLOZARIL) *tabs 25mg*	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
clozapine tabs 50mg	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
clozapine (generic of CLOZARIL) *tabs 100mg*	Preferred	QL (9 tabs every 1 day), AGE (Min 8)
clozapine tabs 200mg	Preferred	QL (4 tabs every 1 day), AGE (Min 8)
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	Preferred	AGE (Min 8)
olanzapine (generic of ZYPREXA) *tabs 2.5mg, 5mg, 10mg*	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
olanzapine (generic of ZYPREXA) *tabs 7.5mg, 15mg, 20mg*	Preferred	QL (1 tab every 1 day), AGE (Min 8)
olanzapine (generic of ZYPREXA ZYDIS) *tbdp 5mg, 15mg, 20mg*	Preferred	QL (1 tab every 1 day), AGE (Min 8)
olanzapine (generic of ZYPREXA ZYDIS) *tbdp 10mg*	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
quetiapine fumarate (generic of SEROQUEL) *tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg*	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
quetiapine fumarate tabs 150mg	Preferred	QL (1 tab every 1 day), AGE (Min 8)
quetiapine fumarate (generic of SEROQUEL XR) *tb24 50mg, 300mg, 400mg*	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
quetiapine fumarate (generic of SEROQUEL XR) *tb24 150mg, 200mg*	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		
chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	Preferred	
fluphenazine decanoate soln 25mg/ml	Preferred	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	Preferred	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	Preferred	
prochlorperazine supp 25mg	Preferred	
prochlorperazine maleate tabs 5mg, 10mg	Preferred	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	Preferred	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	Preferred	
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)
aripiprazole (generic of ABILIFY) *tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg*	Preferred	QL (1 tab every 1 day), AGE (Min 8)
ARISTADA PRSY 441MG/1.6ML	Preferred-PA	PA, QL (1.6 mL every 14 days), AGE (Min 18)
ARISTADA PRSY 662MG/2.4ML	Preferred-PA	PA, QL (2.4 mL every 14 days), AGE (Min 18)
ARISTADA PRSY 882MG/3.2ML	Preferred-PA	PA, QL (3.2 mL every 14 days), AGE (Min 18)
ARISTADA PRSY 1064MG/3.9ML	Preferred-PA	PA, QL (3.9 mL every 14 days), AGE (Min 18)
ARISTADA INITIO PRSY 675MG/2.4ML	Preferred-PA	PA, AGE (Min 18)
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	Preferred	AGE (Min 8)
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	Preferred	
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
CHLORINE ANTISEPTICS		
chlorhexidine gluconate soln 4%	Preferred	OTC
IODINE ANTISEPTICS		
iodine (topical) tinc 2%, 48%	Preferred	OTC
iodine tincture	Preferred	OTC
LUGOLS SOL IODINE	Preferred	
povidone-iodine soln 10%; swab 10%	Preferred	OTC
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
abacavir sulfate (generic of ZIAGEN) *soln 20mg/ml*	Preferred	QL (32 mL every 1 day)
abacavir sulfate tabs 300mg	Preferred	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine tab 600-300 mg	Preferred	QL (1 tab every 1 day)
APRETUDE SUER 600MG/3ML	Preferred	QL (21 mL every year)
APTIVUS CAPS 250MG	Preferred	QL (4 caps every 1 day)
atazanavir sulfate caps 150mg	Preferred	QL (2 caps every 1 day)
atazanavir sulfate (generic of REYATAZ) *caps 200mg*	Preferred	QL (2 caps every 1 day)
atazanavir sulfate (generic of REYATAZ) *caps 300mg*	Preferred	QL (1 cap every 1 day)
BIKTARVY TAB	Preferred	QL (1 tab every 1 day)
CABENUVA SUS 400-600	Preferred	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)
darunavir (generic of PREZISTA) *tabs 600mg*	Preferred	QL (2 tabs every 1 day)
darunavir (generic of PREZISTA) *tabs 800mg*	Preferred	QL (1 tab every 1 day)
DELSTRIGO TAB	Preferred	QL (1 tab every 1 day)
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	
efavirenz tabs 600mg	Preferred	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Preferred	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Preferred	QL (1 tab every 1 day)
emtricitabine (generic of EMTRIVA) *caps 200mg*	Preferred	QL (1 cap every 1 day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Preferred	QL (1 tab every 1 day)
EMTRIVA CAPS 200MG	Preferred	QL (1 cap every 1 day)
EMTRIVA SOLN 10MG/ML	Preferred	QL (850 mL every 30 days)
etravirine (generic of INTELENCE) *tabs 100mg*	Preferred	QL (4 tabs every 1 day)
etravirine (generic of INTELENCE) *tabs 200mg*	Preferred	QL (2 tabs every 1 day)
fosamprenavir calcium tabs 700mg	Preferred	QL (4 tabs every 1 day)
GENVOYA TAB	Preferred	QL (1 tab every 1 day)
INTELENCE TABS 25MG, 100MG	Preferred	QL (4 tabs every 1 day)
INTELENCE TABS 200MG	Preferred	QL (2 tabs every 1 day)

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)
lamivudine (generic of EPIVIR) *soln 10mg/ml*	Preferred	QL (32 mL every 1 day)
lamivudine (generic of EPIVIR) *tabs 150mg*	Preferred	QL (2 tabs every 1 day)
lamivudine (generic of EPIVIR) *tabs 300mg*	Preferred	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	Preferred	QL (2 tabs every 1 day)
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Preferred	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Preferred	QL (4 tabs every 1 day)
maraviroc (generic of SELZENTRY) *tabs 150mg, 300mg*	Preferred	
nevirapine susp 50mg/5ml	Preferred	QL (40 mL every 1 day)
nevirapine tabs 200mg	Preferred	QL (2 tabs every 1 day)
nevirapine tb24 400mg	Preferred	QL (1 tab every 1 day)
NORVIR PACK 100MG	Preferred	QL (12 packets every 1 day)
NORVIR TABS 100MG	Preferred	QL (12 tabs every 1 day)
ODEFSEY TAB	Preferred	QL (1 tab every 1 day)
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)
rilpivirine hcl (generic of EDURANT) *tabs 25mg*	Preferred	QL (1 tab every 1 day)
ritonavir (generic of NORVIR) *tabs 100mg*	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)

Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate (generic of VIREAD) *tabs 300mg*	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)
zidovudine (generic of RETROVIR) *caps 100mg*	Preferred	QL (6 caps every 1 day)
zidovudine (generic of RETROVIR) *syrp 50mg/5ml*	Preferred	QL (64 mL every 1 day)
zidovudine tabs 300mg	Preferred	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	Preferred	AGE (Min 12)
PAXLOVID TAB 150-100	Preferred	QL (30 tabs every 28 days), AGE (Min 12)
PAXLOVID TAB 300-100	Preferred	QL (30 tabs every 28 days), AGE (Min 12)
CMV AGENTS		
LIVTENCITY TABS 200MG	Preferred-PA	PA, QL (4 tabs every 1 day)
PREVYMIS TABS 240MG, 480MG	Preferred-PA	PA, QL (1 tab every 1 day)
valganciclovir hcl tabs 450mg	Preferred	
HEPATITIS AGENTS		
entecavir (generic of BARACLUDE) *tabs .5mg, 1mg*	Preferred	QL (1 tab every 1 day)
MAVYRET PAK 50-20MG	Preferred	SP
MAVYRET TAB 100-40MG	Preferred	SP
ribavirin (hepatitis c) caps 200mg; tabs 200mg	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP
HERPES AGENTS		
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	Preferred	
valacyclovir hcl (generic of VALTREX) *tabs 1gm, 500mg*	Preferred	
INFLUENZA AGENTS		
oseltamivir phosphate caps 30mg	Preferred	QL (168 caps every year)
oseltamivir phosphate caps 45mg	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
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate (generic of NORVASC) *tabs 2.5mg, 5mg, 10mg*	Preferred	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg	Preferred	
diltiazem hcl (generic of CARDIZEM) *tabs 30mg, 60mg, 120mg*	Preferred	
diltiazem hcl (generic of CARDIZEM LA) *tb24 120mg, 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg*	Preferred	
diltiazem hcl coated beads (generic of CARDIZEM CD) *cp24 120mg, 180mg, 240mg, 300mg, 360mg*	Preferred	
diltiazem hcl extended release beads (generic of TIAZAC) *cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg*	Preferred	
felodipine tb24 2.5mg, 5mg, 10mg	Preferred	
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	Preferred	
nifedipine (generic of PROCARDIA XL) *tb24 30mg, 60mg*	Preferred	
nimodipine caps 30mg	Preferred	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; 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 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 (generic of BIDIL)	Preferred	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium (generic of VELETRI) *solr .5mg, 1.5mg*	Preferred-PA	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TABS 5MG, 10MG	Preferred-PA	SP, PA
TRACLEER TABS 62.5MG, 125MG; TBSO 32MG	Preferred-PA	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20MG	Preferred-PA	SP, PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) *tabs 20mg*	Preferred-PA	SP, PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) *tabs 20mg*	Preferred-PA	SP, PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred-PA	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ 2-0.5GM	Preferred	
ZERBAXA INJ 1.5GM	Preferred	
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 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 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
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	Preferred	
cefixime caps 400mg; tabs 400mg	Preferred	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	Preferred	
ceftazidime solr 1gm, 2gm, 6gm	Preferred	
CEFTRIAX/DEX INJ 1GM	Preferred	
CEFTRIAX/DEX INJ 2GM	Preferred	
ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	Preferred	
ceftriaxone sodium in dextrose inj 20 mg/ml	Preferred	
ceftriaxone sodium in dextrose inj 40 mg/ml	Preferred	
TAZICEF INJ 1GM/50ML	Preferred	
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME SOLN 1GM/50ML, 2GM/100ML	Preferred	
cefepime hcl solr 1gm, 2gm	Preferred	
CEFEPIME/DEX INJ 1GM	Preferred	
CEFEPIME/DEX INJ 2GM	Preferred	
CEPHALOSPORINS - 5TH GENERATION		
ceftaroline fosamil (generic of TEFLARO) *solr 400mg, 600mg*	Preferred	
TEFLARO SOLR 400MG, 600MG	Preferred	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
AVERI TAB	Preferred	AGE (Min 10, Max 55)
BALCOLTRA TAB 0.1-20	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
BEYAZ TAB	Preferred	AGE (Min 10, Max 55)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Preferred	AGE (Min 10, Max 55)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	Preferred	AGE (Min 10, Max 55)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	Preferred	AGE (Min 10, Max 55)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	Preferred	AGE (Min 10, Max 55)
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Preferred	AGE (Min 10, Max 55)
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Preferred	AGE (Min 10, Max 55)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Preferred	AGE (Min 10, Max 55)
FEMLYV TAB 1/0.02MG	Preferred	AGE (Min 10, Max 55)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	Preferred	AGE (Min 10, Max 55)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Preferred	AGE (Min 10, Max 55)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Preferred	AGE (Min 10, Max 55)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Preferred	AGE (Min 10, Max 55)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)	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)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Preferred	AGE (Min 10, Max 55)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Preferred	AGE (Min 10, Max 55)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	Preferred	AGE (Min 10, Max 55)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Preferred	AGE (Min 10, Max 55)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	Preferred	AGE (Min 10, Max 55)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Preferred	AGE (Min 10, Max 55)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Preferred	AGE (Min 10, Max 55)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Preferred	AGE (Min 10, Max 55)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Preferred	AGE (Min 10, Max 55)
SAFYRAL TAB	Preferred	AGE (Min 10, Max 55)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min 10, Max 55)
TYBLUME CHW 0.1-0.02	Preferred	AGE (Min 10, Max 55)
YASMIN 28 TAB 3-0.03MG	Preferred	AGE (Min 10, Max 55)
YAZ TAB 3-0.02MG	Preferred	AGE (Min 10, Max 55)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Preferred	QL (3 patches every 28 days), AGE (Min 10, Max 55)
TWIRLA DIS 120-30	Preferred	QL (3 patches every 28 days), AGE (Min 10, Max 55)
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	Preferred	QL (1 ring every 274 days), AGE (Min 10, Max 55)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	Preferred	QL (1 ring every 21 days), AGE (Min 10, Max 55)
NUVARING MIS	Preferred	QL (1 ring every 21 days), AGE (Min 10, Max 55)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Preferred	AGE (Min 10, Max 55)
EMERGENCY CONTRACEPTIVES		
ELLA TABS 30MG	Preferred	AGE (Min 10, Max 55)
levonorgestrel (emergency oc) tabs 1.5mg	Preferred	AGE (Min 10, Max 55), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	Preferred	AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) *susp 150mg/ml; susy 150mg/ml*	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Preferred	AGE (Min 10, Max 55)
LILETTA IUD 20.1MCG/DAY	Preferred	AGE (Min 10, Max 55)
MIRENA IUD 21MCG/DAY	Preferred	AGE (Min 10, Max 55)
SKYLA IUD 13.5MG	Preferred	AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone (contraceptive) tabs .35mg	Preferred	AGE (Min 10, Max 55)
OPILL TABS .075MG	Preferred	OTC
SLYND TABS 4MG	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	Preferred	
DEXAMETHASONE INTENSOL CONC 1MG/ML	Preferred	
dexamethasone sodium phosphate soln 4mg/ml, 20mg/5ml, 120mg/30ml; sosy 4mg/ml	Preferred	
hydrocortisone (generic of CORTEF) *tabs 5mg, 10mg, 20mg*	Preferred	
methylprednisolone (generic of MEDROL) *tabs 4mg, 8mg, 16mg*	Preferred	
methylprednisolone tabs 32mg	Preferred	
methylprednisolone (generic of MEDROL DOSEPAK) *tbpk 4mg*	Preferred	
prednisolone soln 15mg/5ml; tabs 5mg	Preferred	
prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	Preferred	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	Preferred	
PREDNISONE INTENSOL CONC 5MG/ML	Preferred	
MINERALOCORTICOIDS		
fludrocortisone acetate tabs .1mg	Preferred	
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES - DRUGS TO TREAT COUGH		
benzonatate caps 100mg, 200mg	Preferred	
dextromethorphan hbr liqd 15mg/5ml, 30mg/10ml	Preferred	OTC
dextromethorphan polistirex suer 30mg/5ml	Preferred	OTC
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Preferred	QL (30 mL every 1 day), AGE (Min 18)

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
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)
ANTIBIOTICS - TOPICAL		
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
ANTIFUNGALS - TOPICAL		
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
ANTIHISTAMINES-TOPICAL		
diphenhydramine-zinc acetate cream 2-0.1%	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
LEVULAN KERASTICK SOLR 20%	Preferred	
ANTIPRURITICS - TOPICAL		
camphor & menthol lotion 0.5-0.5%	Preferred	OTC
ANTIPSORIATICS		
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
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotn 1%; sham 1%	Preferred	OTC
selenium sulfide lotn 2.5%	Preferred	
sulfacetamide sodium liqd 10%	Preferred	
BURN PRODUCTS		
silver sulfadiazine (generic of SILVADENE) *crea 1%*	Preferred	
SULFAMYLON CREA 85MG/GM	Preferred	QL (56 gm every 30 days)
CORTICOSTEROIDS - TOPICAL		
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-SMOOTHE/FS BODY) *oil .01%*	Preferred	QL (3.95 mL every 1 day)
fluocinolone acetonide (generic of DERMA-SMOOTHE/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	
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	Preferred-PA	SP, PA
EMOLLIENT/KERATOLYTIC AGENTS		
urea crea 20%, 39%, 40%	Preferred	
EMOLLIENTS		
lactic acid (ammonium lactate) lotn 12%	Preferred	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 5%	Preferred	QL (2 packets every 1 day), AGE (Min 10)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus crea 1%	Preferred	QL (102 gm every 30 days)
tacrolimus (topical) oint .03%, .1%	Preferred	QL (100.2 gm every 30 days)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
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	
LINIMENTS		
menthol-methyl salicylate cream	Preferred	OTC
LOCAL ANESTHETICS - TOPICAL		
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
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	Preferred-PA	ST, PA
ROSACEA AGENTS		
metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%	Preferred	
SCABICIDES & PEDICULICIDES		
NATROBA SUSP .9%	Preferred	
permethrin (generic of PERMETHRIN) *crea 5%*	Preferred	QL (2 gm every 1 day), AGE (Max 3)
permethrin liqd 1%	Preferred	OTC
pyrethrins-piperonyl butoxide shampoo 0.33-4%	Preferred	OTC
spinosad susp .9%	Preferred	
TAR PRODUCTS		
coal tar extract sham .5%	Preferred	OTC
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC TESTS		
CONTOUR PLUS TES BLD GLUC	Preferred	QL (200 strips every 30 days), OTC
IHEALTH 2-PK KIT COVID-19	Preferred	PA, QL (6 kits every year), OTC
PREGNANCY TES ONE STEP	Preferred	OTC
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	Preferred	
CREON CAP 6000UNIT	Preferred	
CREON CAP 12000UNT	Preferred	
CREON CAP 24000UNT	Preferred	
CREON CAP 36000UNT	Preferred	
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	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
methazolamide tabs 25mg, 50mg	Preferred	
DIURETIC COMBINATIONS		
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	
LOOP DIURETICS		
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	
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	Preferred	
spironolactone (generic of ALDACTONE) *tabs 25mg, 50mg, 100mg*	Preferred	
triamterene (generic of DYRENIUM) *caps 50mg, 100mg*	Preferred	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
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	
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
alendronate sodium soln 70mg/75ml	Preferred	QL (75 mL every7 days)
alendronate sodium tabs 10mg, 35mg	Preferred	
alendronate sodium (generic of FOSAMAX) *tabs 70mg*	Preferred	
calcitonin (salmon) soln 200unit/act	Preferred	
calcitonin (salmon) (generic of MIACALCIN) *soln 200unit/ml*	Preferred	
MIACALCIN SOLN 200UNIT/ML	Preferred	
CORTICOTROPIN		
ACTHAR GEL 80UNIT/ML	Preferred	SP
CORTROPHIN GEL 80UNIT/ML	Preferred	SP
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150MG, 200MG	Preferred-PA	ST, PA

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	Preferred-PA	SP, PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	Preferred-PA	SP, PA
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	Preferred-PA	SP, PA
SKYTROFA CART .7MG, 1.4MG, 1.8MG, 2.1MG, 2.5MG, 3MG, 3.6MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG, 11MG, 13.3MG	Preferred-PA	SP, PA
METABOLIC MODIFIERS		
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
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG, 40MG	Preferred-PA	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate (generic of DDAVP) *tabs .1mg, .2mg*	Preferred	
desmopressin acetate spray soln .01%	Preferred	
PROLACTIN INHIBITORS		
cabergoline tabs .5mg	Preferred	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
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	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
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		
ANTIFLATULENTS		
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
mesalamine (generic of PENTASA) *cpcr 500mg*	Preferred	
mesalamine enem 4gm	Preferred	
mesalamine (generic of CANASA) *supp 1000mg*	Preferred	
PENTASA CPCR 250MG, 500MG	Preferred	
sulfasalazine (generic of AZULFIDINE) *tabs 500mg*	Preferred	
sulfasalazine (generic of AZULFIDINE EN-TABS) *tbec 500mg*	Preferred	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) soln 10gm/15ml	Preferred	AGE (Max 20)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	Preferred	
FOSRENOL PACK 750MG, 1000MG	Preferred	
lanthanum carbonate (generic of FOSRENOL) *chew 500mg, 750mg, 1000mg*	Preferred	
sevelamer carbonate (generic of RENVELA) *tabs 800mg*	Preferred	
sevelamer hcl tabs 400mg, 800mg	Preferred	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
ORACIT SOL	Preferred	
sodium citrate & citric acid soln 500-334 mg/5ml	Preferred	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	Preferred	SP
GENITOURINARY IRRIGANTS		
glycine (gu irrigant) soln 1.5%	Preferred	
sodium chloride (gu irrigant) soln .9%	Preferred	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl (generic of UROXATRAL) *tb24 10mg*	Preferred	
finasteride (generic of PROSCAR) *tabs 5mg*	Preferred	
tamsulosin hcl caps .4mg	Preferred	
URINARY ANALGESICS		
phenazopyridine hcl tabs 100mg, 200mg	Preferred	
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - DRUGS TO TREAT GOUT		
allopurinol tabs 100mg, 200mg, 300mg	Preferred	
URICOSURICS		
probenecid tabs 500mg	Preferred	
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred-PA SP, PA	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred-PA SP, PA	
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred-PA SP, PA	
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	

Drug Name	Drug Tier	Requirements/Limits
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
TRETTEN SOLR 2500UNIT	Preferred-PA	SP, PA
VONVENDI SOLR 650UNIT, 1300UNIT	Preferred-PA	SP, PA
WILATE INJ	Preferred-PA	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	Preferred-PA	SP, PA
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	Preferred-PA	SP, PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbcr 400mg	Preferred	
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl caps 1mg	Preferred	
anagrelide hcl (generic of AGRYLIN) *caps .5mg*	Preferred	
aspirin-dipyridamole cap er 12hr 25-200 mg	Preferred	
BRILINTA TABS 60MG, 90MG	Preferred	QL (2 tabs every 1 day)
clopidogrel bisulfate (generic of PLAVIX) *tabs 75mg*	Preferred	
clopidogrel bisulfate tabs 300mg	Preferred	QL (4 tabs every 30 days)
dipyridamole tabs 25mg, 50mg, 75mg	Preferred	
ticagrelor (generic of BRILINTA) *tabs 60mg, 90mg*	Preferred	QL (2 tabs every 1 day)

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

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
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred	
clarithromycin (generic of BIAXIN XL) *tb24 500mg*	Preferred	
ERYTHROMYCINS		
E.E.S. GRANULES SUSR 200MG/5ML	Preferred	
ERYPED 400 SUSR 400MG/5ML	Preferred	
ERYTHROCIN LACTOBIONATE SOLR 500MG	Preferred	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	Preferred	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) *susr 200mg/5ml*	Preferred	
erythromycin ethylsuccinate (generic of ERYPED 400) *susr 400mg/5ml*	Preferred	
erythromycin ethylsuccinate tabs 400mg	Preferred	
FIDAXOMICIN		
DIFICID SUSR 40MG/ML; TABS 200MG	Preferred	
fidaxomicin (generic of DIFICID) *tabs 200mg*	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)

Drug Name	Drug Tier	Requirements/Limits
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
MISC. DEVICES		
ALCOHOL PREP PAD	Preferred	OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G	Preferred	OTC
PEN NEEDLES MIS 29GX12.7	Preferred	OTC
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
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
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine suppos 2-100 mg	Preferred	QL (5 supp every 7 days)

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate soln 1mg/ml	Preferred	QL (10 ampules every 30 days)
SEROTONIN AGONISTS		
rizatriptan benzoate tabs 5mg; tbdp 5mg	Preferred	QL (18 tabs every 30 days)
rizatriptan benzoate (generic of MAXALT) *tabs 10mg*	Preferred	QL (18 tabs every 30 days)
rizatriptan benzoate (generic of MAXALT-MLT) *tbdp 10mg*	Preferred	QL (18 tabs every 30 days)
sumatriptan soln 5mg/act, 20mg/act	Preferred	QL (6 mL every 15 days)
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) *soaj 6mg/0.5ml*	Preferred	QL (1 mL every 14 days)
sumatriptan succinate soln 6mg/0.5ml	Preferred	QL (6 mL every 28 days)
sumatriptan succinate (generic of IMITREX) *tabs 25mg, 50mg*	Preferred	QL (3 mL every 5 days)
sumatriptan succinate (generic of IMITREX) *tabs 100mg*	Preferred	QL (9 tabs every 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLUORIDE		
sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml	Preferred	
PHOSPHATE		
PHOSPHA 250 TAB NEUTRAL	Preferred	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	Preferred	
POTASSIUM		
EFFER-K TBEF 25MEQ	Preferred	
KLOR-CON 8 TBCR 8MEQ	Preferred	
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%; tbcr 10meq, 20meq	Preferred	
potassium chloride (generic of KLOR-CON 8) *tbcr 8meq*	Preferred	
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	Preferred	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
DEPEN TITRATABS TABS 250MG	Preferred	SP
penicillamine (generic of CUPRIMINE) *caps 250mg*	Preferred	SP
penicillamine (generic of DEPEN TITRATABS) *tabs 250mg*	Preferred	SP
trientine hcl (generic of SYPRINE) *caps 250mg*	Preferred	SP
trientine hcl caps 500mg	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
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	
IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE		
water for irrigation, sterile irrigation soln	Preferred	
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
sodium polystyrene sulfonate susp 15gm/60ml	Preferred	
sodium polystyrene sulfonate powder	Preferred	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%, 4%	Preferred	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	Preferred	
NYSTATIN SUSP 100000UNIT/ML	Preferred	
nystatin (mouth-throat) (generic of NYSTATIN) *susp 100000unit/ml*	Preferred	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) *soln .12%*	Preferred	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide (mouth) pste .1%	Preferred	
THROAT PRODUCTS - MISC.		
pilocarpine hcl (oral) (generic of SALAGEN) *tabs 5mg, 7.5mg*	Preferred	
MULTIVITAMINS - DRUGS FOR NUTRITION		
PRENATAL VITAMINS		
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)
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	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		
baclofen (generic of FLEQSUVY) *susp 25mg/5ml*	Preferred	
baclofen tabs 5mg	Preferred	QL (16 tabs every 1 day)
baclofen tabs 10mg	Preferred	QL (8 tabs every 1 day)
baclofen tabs 15mg	Preferred	
baclofen tabs 20mg	Preferred	QL (4 tabs every 1 day)
chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg	Preferred	QL (4 tabs every 1 day)
cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg	Preferred	QL (3 tabs every 1 day)
methocarbamol tabs 500mg	Preferred	QL (8 tabs every 1 day)
methocarbamol tabs 750mg	Preferred	QL (6 tabs every 1 day)
orphenadrine citrate tb12 100mg	Preferred	QL (2 tabs every 1 day)
tizanidine hcl tabs 2mg	Preferred	QL (18 tabs every 1 day)
tizanidine hcl (generic of ZANAFLEX) *tabs 4mg*	Preferred	QL (9 tabs every 1 day)
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (generic of DANTRIUM) *caps 25mg*	Preferred	
dantrolene sodium caps 50mg, 100mg	Preferred	
MUSCLE RELAXANT COMBINATIONS		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Preferred	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENTS - MISC.		
saline soln .65%	Preferred	OTC
NASAL ANTIALLERGY		
azelastine hcl soln 137mcg/spray	Preferred	QL (60 mL every 30 days)
cromolyn sodium (nasal) aers 5.2mg/act	Preferred	OTC
olopatadine hcl (nasal) soln .6%	Preferred	QL (31 gm every 30 days)
NASAL STEROIDS		
flunisolide (nasal) soln .025%	Preferred	QL (25 gm every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	Preferred	QL (16 gm every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	Preferred	QL (16 gm every 30 days), OTC
triamcinolone acetonide (nasal) aero 55mcg/act	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETIC DECONGESTANTS		
oxymetazoline hcl soln .05%	Preferred	OTC
phenylephrine hcl (oral) tabs 10mg	Preferred	OTC
pseudoephedrine hcl tabs 30mg, 60mg; tb12 120mg	Preferred	OTC
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
riluzole tabs 50mg	Preferred	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear ophth solution	Preferred	OTC
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	Preferred	OTC
polyvinyl alcohol soln 1.4%	Preferred	OTC
white petrolatum-mineral oil ophth ointment	Preferred	OTC
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl (ophth) soln .5%	Preferred	
carteolol hcl (ophth) soln 1%	Preferred	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	Preferred	
levobunolol hcl soln .5%	Preferred	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	Preferred	
timolol maleate (ophth) (generic of ISTALOL) *soln .5%*	Preferred	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE SOLN 1%	Preferred	
atropine sulfate (ophthalmic) soln 1%	Preferred	
CYCLOMYDRIL SOL OP	Preferred	
cyclopentolate hcl (generic of CYCLOGYL) *soln 1%*	Preferred	
tropicamide (generic of MYDRIACYL) *soln 1%*	Preferred	
tropicamide soln .5%	Preferred	
MIOTICS		
pilocarpine hcl soln 1%, 1.25%, 2%, 4%	Preferred	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	Preferred	
brimonidine tartrate (generic of ALPHAGAN P) *soln .1%, .15%*	Preferred	
brimonidine tartrate soln .2%	Preferred	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	Preferred	
CILOXAN OINT .3%	Preferred	
ciprofloxacin hcl (ophth) soln .3%	Preferred	
erythromycin (ophth) oint 5mg/gm	Preferred	
gentamicin sulfate (ophth) soln .3%	Preferred	

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
ketorolac tromethamine (ophth) (generic of ACULAR) *soln .5%*	Preferred	QL (20 mL every 30 days)
ketotifen fumarate (ophth) soln .035%	Preferred	OTC
ophthalmic irrigation solution soln 99.05%	Preferred	OTC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost (generic of XALATAN) *soln .005%*	Preferred	
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	Preferred	
OTIC ANTI-INFECTIVES		
ofloxacin (otic) soln .3%	Preferred	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Preferred	
neomycin-polymyxin-hc otic soln 1%	Preferred	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Preferred	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
methylergonovine maleate tabs .2mg	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
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	Preferred	
ampicillin caps 500mg	Preferred	
ampicillin sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	Preferred	
NATURAL PENICILLINS		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	Preferred	
PEN GK/DEXTR INJ 40000/ML	Preferred	
PEN GK/DEXTR INJ 60000/ML	Preferred	
penicillin g potassium solr 5000000unit, 20000000unit	Preferred	
penicillin g sodium solr 5000000unit	Preferred	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Preferred	
amoxicillin & k clavulanate tab 250-125 mg	Preferred	
amoxicillin & k clavulanate tab 500-125 mg	Preferred	
amoxicillin & k clavulanate tab 875-125 mg	Preferred	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Preferred	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	Preferred	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	Preferred	
BICILLIN C-R INJ 900/300	Preferred	
BICILLIN C-R INJ 1200000	Preferred	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Preferred	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Preferred	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Preferred	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Preferred	
UNASYN INJ 1.5GM	Preferred	
UNASYN INJ 3GM	Preferred	
UNASYN INJ 15GM	Preferred	
ZOSYN SOL 2-0.25GM	Preferred	
ZOSYN SOL 3-0.375G	Preferred	
ZOSYN SOL 4-0.5GM	Preferred	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	Preferred	
NAFCILLIN INJ 2GM/100	Preferred	
nafcillin sodium solr 1gm, 2gm, 10gm	Preferred	
OXACILLIN INJ 2GM	Preferred	
oxacillin sodium solr 1gm, 2gm, 10gm	Preferred	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate (generic of PROVERA) *tabs 2.5mg, 5mg, 10mg*	Preferred	
progesterone (generic of PROMETRIUM) *caps 100mg, 200mg*	Preferred	
progesterone oil 50mg/ml	Preferred	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	Preferred	
disulfiram tabs 250mg, 500mg	Preferred	
lofexidine hcl (generic of LUCEMYRA) *tabs .18mg*	Preferred	
LUCEMYRA TABS .18MG	Preferred	
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride (generic of ARICEPT) *tabs 5mg, 10mg, 23mg*	Preferred	
donepezil hydrochloride tbdp 5mg, 10mg	Preferred	
memantine hcl tabs 5mg, 10mg	Preferred	QL (2 tabs every 1 day)
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	Preferred	PA
chlordiazepoxide-amitriptyline tab 10-25 mg	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)
perphenazine-amitriptyline tab 2-10 mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline tab 2-25 mg	Preferred	
perphenazine-amitriptyline tab 4-10 mg	Preferred	
perphenazine-amitriptyline tab 4-25 mg	Preferred	
perphenazine-amitriptyline tab 4-50 mg	Preferred	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	Preferred-PA	SP, PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	Preferred-PA	SP, PA
AUSTEDO XR TAB TITR KIT	Preferred-PA	SP, PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	Preferred-PA	SP, PA
INGREZZA CAP 40-80MG	Preferred-PA	SP, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON KIT .3MG	Preferred	SP
COPAXONE SOSY 20MG/ML, 40MG/ML	Preferred	SP
dimethyl fumarate (generic of TECFIDERA) *cpdr 120mg, 240mg*	Preferred	SP
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)	Preferred	SP
GILENYA CAPS .5MG	Preferred-PA	SP, PA
glatiramer acetate (generic of COPAXONE) *sosy 20mg/ml, 40mg/ml*	Preferred	SP, PA
glatiramer acetate (generic of COPAXONE) *sosy 20mg/ml, 40mg/ml*	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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
pimozide tabs 1mg, 2mg	Preferred	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	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)
nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	Preferred	OTC
nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg	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)
varenicline tartrate (generic of CHANTIX) *tabs .5mg, 1mg*	Preferred	QL (2 tabs every 1 day)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	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		
sulfadiazine tabs 500mg	Preferred	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
AMINOMETHYLCYCLINES		
NUZYRA SOLR 100MG	Preferred	
FLUOROCYCLINES		
XERAVA SOLR 50MG	Preferred	
GLYCYLCYCLINES		
TIGECYCLINE SOLR 50MG	Preferred	
tigecycline (generic of TYGACIL) *solr 50mg*	Preferred	
TYGACIL SOLR 50MG	Preferred	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl tabs 150mg, 300mg	Preferred	
doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg	Preferred	QL (2 caps every 1 day)
doxycycline (monohydrate) susr 25mg/5ml	Preferred	
doxycycline (monohydrate) tabs 50mg, 75mg, 100mg, 150mg	Preferred	QL (2 tabs every 1 day)
doxycycline hyclate caps 50mg, 100mg	Preferred	QL (2 caps every 1 day)
doxycycline hyclate solr 100mg; tabs 20mg	Preferred	
doxycycline hyclate tabs 50mg	Preferred	QL (4 tabs every 1 day)
doxycycline hyclate tabs 75mg, 100mg, 150mg	Preferred	QL (2 tabs every 1 day)
MINOCIN SOLR 100MG	Preferred	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	Preferred	
tetracycline hcl caps 250mg, 500mg	Preferred	
TETRACYCLINE HYDROCHLORID TABS 250MG, 500MG	Preferred	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	Preferred	
propylthiouracil tabs 50mg	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	
levothyroxine sodium (generic of SYNTHROID) *tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg*	Preferred	QL (2 tabs every 1 day)
liothyronine sodium (generic of CYTOMEL) *tabs 5mcg, 25mcg, 50mcg*	Preferred	
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
NP THYROID 15 TABS 15MG	Preferred	
NP THYROID 30 TABS 30MG	Preferred	
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	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg, 40mg	Preferred	
glycopyrrolate (generic of CUVPOSA) *soln 1mg/5ml*	Preferred	
glycopyrrolate tabs 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	
DENGVAXIA 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	
IPOL 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 25MCG/0.25ML, 50MCG/0.5ML	Preferred	
TWINRIX INJ	Preferred	
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	Preferred	
VARIVAX SUSR 1350PFU/0.5ML	Preferred	
VIMKUNYA SUSY 40MCG/0.8ML	Preferred	
YF-VAX INJ	Preferred	
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	Preferred	QL (3 supp every 30 days)
clindamycin phosphate vaginal (generic of CLEOCIN) *crea 2%*	Preferred	
clotrimazole vaginal crea 1%, 2%	Preferred	OTC
metronidazole vaginal gel .75%	Preferred	
miconazole nitrate vaginal crea 2%, 4%	Preferred	OTC
miconazole nitrate vaginal supp 200mg	Preferred	
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	Preferred	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	Preferred	OTC
terconazole vaginal crea .4%, .8%; supp 80mg	Preferred	
tioconazole vaginal oint 6.5%	Preferred	OTC
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	Preferred	
VAGINAL ESTROGENS		
estradiol vaginal (generic of ESTRACE) *crea .1mg/gm*	Preferred	
PREMARIN CREA .625MG/GM	Preferred	
VAGINAL PROGESTINS		
ENDOMETRIN INST 100MG	Preferred	
progesterone (vaginal) (generic of ENDOMETRIN) *inst 100mg*	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)
epinephrine (anaphylaxis) soaj .3mg/0.3ml	Preferred	QL (4 pens every 365 days)
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) *soaj .3mg/0.3ml*	Preferred	QL (4 pens every 365 days)
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) *soaj .15mg/0.3ml*	Preferred	

Drug Name	Drug Tier	Requirements/Limits
epinephrine (anaphylaxis) soaj .15mg/0.15ml	Preferred	QL (2 pens every 365 days)
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	Preferred	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
midodrine hcl tabs 2.5mg, 5mg, 10mg	Preferred	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
DRISDOL CAPS 50000UNIT	Preferred	
ergocalciferol caps 1.25mg, 50000unit	Preferred	
phytonadione tabs 5mg	Preferred	

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