



HSCSN

# **Health Services for Children with Special Needs (HSCSN)**

## **Drug Formulary**

(List of Covered Drugs)

Effective 01/01/2026

[hscsnhealthplan.org](https://hscsnhealthplan.org)

Notice: The formulary is updated quarterly and subject to changes periodically. For searchable, PDF, and downloadable versions of the formulary at [hscsnhealthplan.org](https://hscsnhealthplan.org).



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*The HSCSN drug formulary is adopted from the Managed Medicaid Template developed by an independent National Pharmacy and Therapeutics (P&T) Committee contracted to CVS Health. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include ptemazepamsicians, pharmacists, a pharmacoeconomist, and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.*

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| DRUG                                       | TIER          | NOTES                                       |
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| <b>ANALGESICS</b>                          |               |   |
| <b>Analgesics, Other</b>                   |               |   |
| acetaminophen tab, elixir, supp, chew, cap | Preferred     | OTC   |
| acetaminophen supp                         | Preferred     | OTC   |
| Advil®                                     | Non-Preferred | PA, OTC                                     |
| Aleve®                                     | Non-Preferred | PA, OTC                                     |
| ibuprofen                                  | Preferred     | OTC & Rx                                    |
| Tylenol®                                   | Non-Preferred | PA, OTC                                     |
| <b>NSAIDs</b>                              |               |   |
| Daypro®                                    | Non-Preferred | PA  |
| diclofenac potassium tabs 50mg             | Preferred     |   |
| diclofenac sodium delayed-rel              | Preferred     |   |
| diclofenac sodium ext-rel                  | Preferred     |   |
| diflunisal                                 | Preferred     |   |
| ketorolac tromethamine tabs 10mg           | Preferred     | QL (20 QY per 25 DS)                        |
| etodolac                                   | Preferred     |   |
| flurbiprofen tabs                          | Preferred     |   |
| meloxicam tabs 7.5, 15mg                   | Preferred     |   |
| Mobic®                                     | Non-Preferred | PA  |
| nabumetone                                 | Preferred     |   |
| Naprosyn®                                  | Non-Preferred | PA  |
| naproxen                                   | Preferred     | OTC & Rx                                    |
| oxaprozin                                  | Preferred     |   |
| sulindac                                   | Preferred     |   |
| <b>NSAIDs, Topical</b>                     |               |   |
| diclofenac sodium gel                      | Preferred     | OTC, QL (300gms QY per 25 DS)               |
| Voltaren Gel®                              | Non-Preferred | PA, OTC, QL (300gms QY per 25 DS)           |
| <b>Cox-2 Inhibitors</b>                    |               |   |
| Celebrex®                                  | Non-Preferred | PA  |
| celecoxib capsule                          | Preferred     | PA  |
| <b>Gout</b>                                |               |   |
| allopurinol                                | Preferred     |   |
| colchicine 0.6mg                           | Preferred     | QL (QY 60 caps per 25 DS, 120 QY per 25 DS) |
| Colcrys® 0.6mg                             | Non-Preferred | PA, QL (60 QY per 25 DS, 120 QY 25 DS)      |

| DRUG   | TIER          | NOTES   |
|--|---------------|---|
| probenecid 500mg tablets                             | Preferred     |   |
| Zyloprim®  | Non-Preferred | PA  |
| <b>Opioid Analgesics</b>                             |               |   |
| codeine/acetaminophen                                | Preferred     | QL Subject to initial 7-day limit.<br>(90 MME per DS)           |
| Dilaudid®  | Non-Preferred | PA, QL Subject to initial 7-day limit.<br>(90 MME per DS)       |
| Duragesic®   | Non-Preferred | PA, QL Subject to initial 7-day limit.<br>(90 MME per DS)       |
| fentanyl transdermal patch                           | Preferred     | ST, QL High Strength Requires PA.<br>(90 MME per DS)            |
| hydrocodone/acetaminophen                            | Preferred     | QL Subject to initial 7-day limit.<br>(90 MME per DS)           |
| hydromorphone tabs                                   | Preferred     | QL Subject to initial 7-day limit.<br>(90 MME per DS)           |
| methadone tabs                                       | Preferred     | ST, QL (90 MME per DS)  |
| methadone 10mg/5ml soln                              | Preferred     | ST, QL (confirm use for chronic pain)                           |
| morphine sulfate tab, soln                           | Preferred     | QL; Subject to initial 7-day limit.<br>(90 MME per DS)          |
| morphine sulfate ext-rel                             | Preferred     | ST, QL Subject to initial 7-day limit.<br>(90 MME per DS)       |
| MS Contin®   | Non-Preferred | PA, QL Subject to initial 7-day limit.<br>(90 MME per DS, 7 DS) |
| oxycodone tabs, caps, conc, soln excluded<br>ER tabs | Preferred     | QL Subject to initial 7-day limit.<br>(90 MME per DS)           |
| oxycodone/acetaminophen tabs                         | Preferred     | QL Subject to initial 7-day limit.<br>(90 MME per DS)           |
| Percocet®  | Non-Preferred | PA, QL Subject to initial 7-day limit.<br>(90 MME per DS)       |
| tramadol 50mg  | Preferred     | QL Subject to initial 7-day limit.<br>(90 MME per DS)           |
| tramadol ext-rel tabs                                | Preferred     | QL High Strength Requires PA.<br>(90 MME per DS) PA             |
| tramadol/acetaminophen 37.5-325mg                    | Preferred     | QL Subject to initial 7-day limit.<br>(QY 40 per 25 DS)         |
| Ultracet®  | Non-Preferred | PA, QL Subject to initial 7-day limit.<br>(QY 40 per 25 DS)     |

| DRUG                                   | TIER          | NOTES                                   |
|--|---------------|---|
| Ultram ER®                             | Non-Preferred | PA, QL (Subject to initial 7-day limit) |
| <b>Viscosupplements</b>                |               |   |
| sodium hyaluronate intra-articular gel | Preferred     | PA                                      |
| <b>ANTI-INFECTIVES</b>                 |               |   |
| <b>Anthelmintics</b>                   |               |   |
| Emverm® chew 100mg                     | Preferred     | QL (12 QY per 365 DS)                   |
| ivermectin tabs 3mg                    | Preferred     |   |
| pyrantel pamoate susp 144mg/ml         | Preferred     | OTC                                     |
| <b>Antibacterials</b>                  |               |   |
| Augmentin®                             | Non-Preferred | PA                                      |
| amoxicillin                            | Preferred     |   |
| amoxicillin/clavulanate                | Preferred     |   |
| ampicillin                             | Preferred     |   |
| azithromycin                           | Preferred     |   |
| Bicillin L-A®                          | Preferred     | only available as brand                 |
| cefadroxil cap                         | Preferred     |   |
| cefdinir cap                           | Preferred     |   |
| cefprozil                              | Preferred     |   |
| cefuroxime axetil tab                  | Preferred     |   |
| cephalexin caps, tab susp              | Preferred     |   |
| Cipro®                                 | Non-Preferred | PA                                      |
| ciprofloxacin tab                      | Preferred     |   |
| clarithromycin                         | Preferred     |   |
| dicloxacillin caps                     | Preferred     |   |
| Difucid susp, tabs                     | Preferred     | PA                                      |
| doxycycline hyclate tabs, caps         | Preferred     |   |
| doxycycline monohydrate                | Preferred     |   |
| E.E.S.®                                | Non-Preferred | PA                                      |
| erythromycin base tabs                 | Preferred     |   |
| erythromycin ethylsuccinate            | Preferred     |   |
| erythromycin stearate tabs             | Preferred     |   |
| Keflex®                                | Non-Preferred | PA                                      |
| levofloxacin                           | Preferred     |   |
| Minocin®                               | Non-Preferred | PA                                      |
| minocycline caps                       | Preferred     |   |

| DRUG                           | TIER          | NOTES                               |
|--------------------------------|---------------|-------------------------------------|
| neomycin sulfate tabs 500mg    | Preferred     |                                     |
| penicillin G inj               | Preferred     |                                     |
| penicillin VK                  | Preferred     |                                     |
| sulfadiazine tab 500mg         | Preferred     |                                     |
| sulfamethoxazole/trimethoprim  | Preferred     |                                     |
| tetracycline caps              | Preferred     | QL Initial Limit: (120 QY per 25DS) |
| Vibramycin® capsule/tablets    | Non-Preferred | PA                                  |
| Zerbaxa® inj 1.5gm             | Preferred     | PA (only available as brand)        |
| Zithromax®                     | Non-Preferred | PA                                  |
| <b>Antifungals</b>             |               |                                     |
| clotrimazole troches 10mg      | Preferred     | QL Initial Limit: (90 QY per 25 DS) |
| Diflucan®                      | Non-Preferred | PA                                  |
| fluconazole                    | Preferred     |                                     |
| griseofulvin susp 125mg        | Preferred     |                                     |
| griseofulvin tabs 125mg, 250mg | Preferred     |                                     |
| itraconazole caps              | Preferred     | PA, QL (4 QY per DS)                |
| nystatin tabs                  | Preferred     |                                     |
| Sporanox®                      | Non-Preferred | PA, QL (4 QY per DS)                |
| terbinafine tabs               | Preferred     | QL (90 QY per 365 DS)               |
| Vfend®                         | Non-Preferred | PA                                  |
| voriconazole                   | Preferred     | PA                                  |
| <b>Antimalarials</b>           |               |                                     |
| atovaquone/proguanil           | Preferred     | QL (QY 23 per 180 DS)               |
| chloroquine tabs               | Preferred     | QL (QY 8 per 180 DS)                |
| Malarone®                      | Non-Preferred | PA, QL (QY 23 per 180 DS)           |
| mefloquine                     | Preferred     | QL (QY 8 per 180 DS)                |
| <b>Antitubercular Agents</b>   |               |                                     |
| ethambutol                     | Preferred     |                                     |
| isoniazid                      | Preferred     |                                     |
| Myambutol®                     | Non-Preferred | PA                                  |
| pyrazinamide                   | Preferred     |                                     |
| Rifadin®                       | Non-Preferred | PA                                  |
| rifampin                       | Preferred     |                                     |
| <b>Antivirals</b>              |               |                                     |
| acyclovir caps, susp, tabs     | Preferred     |                                     |
| adefovir dipivoxil             | Preferred     |                                     |

| DRUG                                       | TIER          | NOTES  |
|--|---------------|--|
| chloroquine phosphate 250mg, 500mg tablets | Preferred     | QL (QY 8 per 180 DS)   |
| Dificid® susp, tabs                        | Preferred     | PA   |
| entecavir 0.5mg, 1mg tablets               | Preferred     | QL   |
| Epivir-HBV®                                | Non-Preferred | PA   |
| famciclovir 125mg, 250mg, 500mg tablets    | Preferred     |  |
| Hepsera®                                   | Non-Preferred | PA   |
| lamivudine                                 | Preferred     |  |
| Malarone®                                  | Non-Preferred | PA, QL (QY 23 per 180 DS)  |
| Mavyret® Starter Pack                      | Preferred     | PA, SP, QL (4 Per DY)*genotypes 1,2,3,4,5,6  |
| Mavyret® 1mg                               | Preferred     | PA, SP,*genotypes 1,2,3,4,5,6  |
| mefloquine 250mg                           | Preferred     | QL (QY 8 per 180 DS)   |
| oseltamivir 30mg, 45mg, 75mg, 6mg/ml       | Preferred     | QL   |
| Paxlovid 150-100mg, 300-100mg,             | Preferred     | QL (22 tablets (2 cartons containing 11 tablets (5 doses) each of 2 tablets of nirmatrelvir 150mg and 1 tablet of ritonavir 100mg for day 1 and 1 tablet of nirmatrelvir 150mg and 1 tablet of ritonavir 100mg for days 2-5) / 30 days |
| Pegasys®                                   | Preferred     | PA, SP   |
| ribavirin 200 mg caps/tabs                 | Preferred     | PA, SP   |
| Tamiflu®                                   | Non-Preferred | PA, QL (20 per 90 DS)  |
| valacyclovir                               | Preferred     | QL (4 per DY)  |
| Valcyte®                                   | Non-Preferred | PA, QL (4 per DY)  |
| valganciclovir                             | Preferred     |  |
| Valtrex®                                   | Non-Preferred | PA   |
| Zovirax®                                   | Non-Preferred | PA   |
| <b>Miscellaneous</b>                       |               |  |
| atovaquone                                 | Preferred     |  |
| Cleocin®                                   | Non-Preferred | PA   |
| clindamycin                                | Preferred     |  |
| dapsone                                    | Preferred     |  |
| Daraprim®                                  | Non-Preferred | PA   |
| Flagyl®                                    | Non-Preferred | PA   |
| Furadantin®                                | Non-Preferred | PA   |
| ivermectin lotion 0.5%                     | Preferred     |  |
| linezolid 600mg tab, 100mg susp            | Preferred     | PA   |
| linezolid inj 2mg                          | Preferred     | PA   |

| DRUG                                | TIER          | NOTES                    |
|-------------------------------------|---------------|--------------------------|
| Macrobid®                           | Non-Preferred | PA                       |
| Macrochantin®                       | Non-Preferred | PA                       |
| Mepron®                             | Non-Preferred | PA                       |
| metronidazole                       | Preferred     |                          |
| Mycobutin®                          | Non-Preferred | PA                       |
| nitrofurantoin monohydrate          | Preferred     |                          |
| nitrofurantoin macrocrystals        | Preferred     |                          |
| nitrofurantoin susp 25mg/5ml        | Preferred     |                          |
| pyrantel - Reese's Pinworm Medicine | Preferred     | OTC                      |
| pyrimethamine                       | Preferred     |                          |
| rifabutin                           | Preferred     |                          |
| Stromectol®                         | Non-Preferred | PA                       |
| trimethoprim                        | Preferred     |                          |
| Vancocin®                           | Non-Preferred | PA, QL (QY 80 per 10 DS) |
| vancomycin                          | Preferred     | QL (QY 80 per 10 DS)     |
| Xifaxan®                            | Non-Preferred | PA                       |
| Zyvox®                              | Non-Preferred | PA                       |

**ANTINEOPLASTIC AGENTS**

**Alkylating Agents**

|                       |               |        |
|-----------------------|---------------|--------|
| Alkeran®              | Non-Preferred | PA     |
| busulfan 2mg          | Preferred     |        |
| chlorambucil 2mg      | Preferred     |        |
| cyclophosphamide caps | Preferred     |        |
| Gleostine®            | Preferred     |        |
| Leukeran®             | Non-Preferred | PA     |
| melphalan             | Preferred     |        |
| Myleran®              | Preferred     |        |
| Temodar®              | Non-Preferred | PA, SP |
| temozolomide          | Preferred     | PA, SP |

**Antimetabolites**

|                             |           |        |
|-----------------------------|-----------|--------|
| capecitabine                | Preferred | PA, SP |
| Kanjinti inj, soln          | Preferred | PA, SP |
| Methotrexate tabs, auto-inj | Preferred |        |
| mercaptopurine              | Preferred |        |
| Mvasi inj                   | Preferred | PA, SP |
| Trexall®                    | Preferred |        |

| DRUG  | TIER          | NOTES  |
|---|---------------|--|
| Zirabev inj   | Preferred     | PA, SP   |
| Xeloda  | Non-Preferred | PA, SP   |
| <b>Hormonal Antineoplastic Agents</b>                   |               |  |
| abiraterone   | Preferred     |  |
| anastrozole   | Preferred     |  |
| Arimidex®   | Non-Preferred | PA   |
| Aromasin®   | Non-Preferred | PA   |
| bicalutamide  | Preferred     |  |
| Eligard®  | Preferred     | PA, SP   |
| exemestane  | Preferred     |  |
| fulvestrant   | Preferred     | PA, SP   |
| Femara®   | Non-Preferred | PA   |
| Fareston®   | Non-Preferred | PA   |
| Faslodex®   | Non-Preferred | PA, SP   |
| letrozole   | Preferred     |  |
| leuprolide acetate 5mg/ml inj                           | Preferred     | PA, SP   |
| megestrol acetate                                       | Preferred     |  |
| tamoxifen   | Preferred     |  |
| toremifene  | Preferred     |  |
| <b>Immunomodulators</b>                                 |               |  |
| Lenalidomide capsule 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg | Preferred     | PA, SP, QL (2.5mg,5mg,10mg,15mg - 28 capsules per 28 days) (20mg, 25mg- 21 capsules per 28 days) |
| Revlimid®   | Non-Preferred | PA, SP, QL   |
| Thalomid ®  | Preferred     | PA, SP, QL (200mg/150mg, 2 per DY)   |
| <b>Kinase Inhibitors</b>                                |               |  |
| Alecensa®   | Preferred     | PA, QL (8 per DY)  |
| Cabometyx®  | Preferred     | PA, SP, QL (1 per DY)  |
| Calquence ®   | Preferred     | PA, SP, QL (60 per 30 days)  |
| Caprelsa®   | Preferred     | PA, SP, QL (100mg, 2 per DY) (300mg 1 per DY)  |
| Cometriq®   | Preferred     | PA, SP, QL (60mg, 3 per DY) (100mg 2 Per DY) (140mg 4 per DY)                                    |
| dasatinib 20mg, 50mg, 70mg, 80mg, 100mg, 140mg          | Preferred     | PA, QL   |
| erlotinib   | Preferred     | PA, SP, QL (100mg,150mg 1 per DY) (25mg 2 per DY)  |
| everolimus  | Preferred     | PA, SP, QL (1 per DY)  |
| Gilotrif ®  | Preferred     | PA, SP, QL (20mg, 30mg, 40mg 1 per DY)   |

| DRUG                                 | TIER          | NOTES   |
|--------------------------------------|---------------|---|
| Imkeldi® 80mg/ml                     | Preferred     | PA, SP, QL (2 bottles per 28 days)  |
| Inlyta®                              | Preferred     | PA, SP, QL (5mg, 4 per DY)<br>(1mg, 8 per DY)   |
| Itovebi® 3mg, 9mg                    | Preferred     | PA, QL (60 tablets per 30 DS)   |
| Jakafi® 5mg, 10mg, 15mg, 20mg, 25mg  | Preferred     | PA, SP, QL (2 per DY)   |
| Kanjinti® 150mg, 420mg               | Preferred     | PA  |
| lapatinib tablets                    | Preferred     | PA, QL (250mg, 6 per DY)  |
| Lenvima® cap therapy pk              | Preferred     | PA, SP, QL(10mg, 4mg 1 per DY)<br>(8mg, 14mg, 20mg, 2 per DY)(12mg,<br>18mg, 24mg 3 per DY) |
| Lorbrena®                            | Preferred     | PA, SP, QL (100mg, 1 Per DY)(25mg<br>3 Per DY)  |
| Mekinist®                            | Preferred     | PA, SP, QL (2mg, 1per DY)(0.5mg<br>3 per DY)(0.05mg/ml 38.572 per DY)                       |
| Mvasi® solution 100mg/4ml, 400mg/4ml | Preferred     | PA  |
| nilotinib capsule 50mg, 150mg, 200mg | Preferred     | PA, SP, QL (150mg & 200mg 120<br>capsule per 30 days) (50mg 30 capsules<br>per 30 days)     |
| Rozlytrek®                           | Preferred     | PA, SP, QL (200mg, 2 per DY)<br>(100mg, 1 per DY)   |
| Rydapt® capsule                      | Preferred     | PA, QL (8 per DY)   |
| Stivarga®                            | Preferred     |   |
| Sprycel®                             | Preferred     | PA, SP, QL (20mg, 90 QY per 30 DS;<br>50mg,70mg,80mg, 140mg, 30 QY per<br>30 DS)            |
| sunitinib capsule                    | Preferred     | PA, SP, QL (1 per DY)   |
| Tafinlar®                            | Preferred     | PA, SP, QL (50mg,75mg, 4 per DY)<br>(10mg, 30cc per DY)                                     |
| Tukysa®                              | Preferred     | PA, QL  |
| Verzenio tablets®                    | Preferred     | PA, QL (1 per DY)   |
| Votrient®                            | Preferred     | PA, SP, QL (4 per DY)   |
| Xalkori®                             | Preferred     | PA, SP, QL (4 per DY)   |
| Xospata® 40mg                        | Preferred     | PA, QL (3 per DY)   |
| Zirabev®solution                     | Preferred     | PA  |
| Zydelig® 100mg, 150mg                | Preferred     | PA, SP, QL (2 per DY)   |
| <b>Kinase Inhibitors For CML</b>     |               |   |
| Gleevec®                             | Non-Preferred | PA, SP  |

| DRUG                    | TIER          | NOTES  |
|-------------------------|---------------|--|
| imatinib tablets        | Preferred     | PA, QL (400mg 2 per DY)(100mg 4 per DY)                  |
| Tagrisso® 40mg, 80mg    | Preferred     | PA, SP, QL (30 capsules per 30 days)                     |
| <b>Multiple Myeloma</b> |               |  |
| Revlimid®               | Preferred     | PA, SP   |
| Thalomid®               | Preferred     | PA, SP, QL (150mg,200mg,2 per DY) (50mg,100mg, 1 per DY) |
| <b>Miscellaneous</b>    |               |  |
| bexarotene caps         | Preferred     | PA, SP   |
| etoposide               | Preferred     |  |
| bortezomib              | Preferred     | PA, SP   |
| Erivedge®               | Preferred     | PA, SP, QL (150mg, 1 per DY)                             |
| Idhifa®                 | Non-Preferred | PA, SP   |
| leucovorin              | Preferred     |  |
| Lynparza®               | Preferred     |  |
| Lysodren®               | Preferred     | PA, SP   |
| Matulane®               | Preferred     |  |
| Ninlaro®                | Preferred     | PA, SP, QL (6 per 28 DS)                                 |
| Polivy® sol 30mg, 140mg | Preferred     | PA   |
| Rubraca®                | Preferred     |  |
| Targretin®              | Non-Preferred | PA, SP   |
| tretinoin caps          | Preferred     |  |
| Velcade® inj 3.5mg      | Non-Preferred | PA, SP   |
| Venclexta®              | Preferred     | PA, SP   |
| Vistogard®              | Preferred     |  |
| Iwilfin®                | Preferred     | PA, SP, QL (240 tablets per 30 DS)                       |
| Zolinza®                | Preferred     | PA, SP   |

**CARDIOVASCULAR**

**Ace Inhibitors**

|            |               |    |
|------------|---------------|----|
| Accupril®  | Non-Preferred | PA |
| Altace®    | Non-Preferred | PA |
| benazepril | Preferred     |    |
| captopril  | Preferred     |    |
| enalapril  | Preferred     |    |
| fosinopril | Preferred     |    |
| lisinopril | Preferred     |    |

| DRUG   | TIER          | NOTES |
|--|---------------|-------|
| Lotensin®                                    | Non-Preferred | PA    |
| quinapril                                    | Preferred     |       |
| ramipril                                     | Preferred     |       |
| trandolapril                                 | Preferred     |       |
| Vasotec®                                     | Non-Preferred | PA    |
| Zestril®                                     | Non-Preferred | PA    |
| <b>Ace Inhibitor/Calcium Channel Blocker</b> |               |       |
| amlodipine/benazepril                        | Preferred     |       |
| Lotrel®                                      | Non-Preferred | PA    |
| <b>Ace Inhibitor/Diuretic Combinations</b>   |               |       |
| benazepril/hydrochlorothiazide               | Preferred     |       |
| enalapril/hydrochlorothiazide                | Preferred     |       |
| fosinopril/hydrochlorothiazide               | Preferred     |       |
| lisinopril/hydrochlorothiazide               | Preferred     |       |
| Lotensin HCT®                                | Non-Preferred | PA    |
| Vaseretic®                                   | Non-Preferred | PA    |
| Zestoretic®                                  | Non-Preferred | PA    |
| <b>Adrenolytics, Central</b>                 |               |       |
| Catapres®                                    | Non-Preferred | PA    |
| clonidine                                    | Preferred     |       |
| Catapres-TTS®                                | Non-Preferred | PA    |
| clonidine transdermal                        | Preferred     |       |
| guanfacine                                   | Preferred     |       |
| <b>Aldosterone Receptor Antagonists</b>      |               |       |
| Aldactone®                                   | Non-Preferred | PA    |
| eplerenone                                   | Preferred     |       |
| Inspra®                                      | Non-Preferred | PA    |
| spironolactone                               | Preferred     |       |
| <b>Alpha Blockers</b>                        |               |       |
| Cardura®                                     | Non-Preferred | PA    |
| doxazosin                                    | Preferred     |       |
| Minipress®                                   | Non-Preferred | PA    |

| DRUG   | TIER          | NOTES |
|--|---------------|-------|
| prazosin   | Preferred     |       |
| terazosin  | Preferred     |       |
| <b>Angiotensin II Receptor Antagonists/Diuretic Combinations</b> |               |       |
| Avalide®   | Non-Preferred | PA    |
| Avapro®  | Non-Preferred | PA    |
| Cozaar®  | Non-Preferred | PA    |
| Diovan®  | Non-Preferred | PA    |
| Diovan HTC®  | Non-Preferred | PA    |
| Hyzaar®  | Non-Preferred | PA    |
| irbesartan   | Preferred     |       |
| irbesartan/hydrochlorothiazide                                   | Preferred     |       |
| losartan   | Preferred     |       |
| losartan/hydrochlorothiazide                                     | Preferred     |       |
| valsartan  | Preferred     |       |
| valsartan/hydrochlorothiazide                                    | Preferred     |       |
| <b>Antiarrhythmics</b>   |               |       |
| amiodarone 200 mg  | Preferred     |       |
| Betapace® / Betapace AF®   | Non-Preferred | PA    |
| disopyramide   | Preferred     |       |
| dofetilide   | Preferred     | PA    |
| flecainide   | Preferred     |       |
| Norpace®   | Non-Preferred | PA    |
| propafenone  | Preferred     |       |
| propafenone ext-rel  | Preferred     |       |
| Rythmol SR®  | Non-Preferred | PA    |
| sotalol tabs   | Preferred     |       |
| Tikosyn®   | Non-Preferred | PA    |
| <b>Antilipemic</b>   |               |       |
| atorvastatin   | Preferred     |       |
| Crestor®   | Non-Preferred | PA    |
| cholestyramine   | Preferred     |       |
| Colestid®  | Non-Preferred | PA    |
| colestipol   | Preferred     |       |
| ezetimibe  | Preferred     |       |
| fenofibrate  | Preferred     |       |

| DRUG                         | TIER          | NOTES   |
|------------------------------|---------------|---|
| gemfibrozil                  | Preferred     |   |
| icosapent ethyl              | Preferred     | Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500mg/dl.) hypertriglyceridemia.   |
| Lipitor®                     | Non-Preferred | PA  |
| Lopid®                       | Non-Preferred | PA  |
| lovastatin                   | Preferred     |   |
| Nexletol®                    | Preferred     | PA , Confirms use to reduce LDL-C in an adult with primary hyperlipidemia when prescribed as an adjunct to diet and used in combination with other LDL-C lowering therapies or use of other LDL-C lowering therapies is not possible. For COT, patient must achieve or maintain a reduction in LCL-C from baseline. |
| niacin ext-rel               | Preferred     |   |
| Niaspan®                     | Non-Preferred | PA  |
| Pravachol®                   | Non-Preferred | PA  |
| pravastatin                  | Preferred     |   |
| rosuvastatin                 | Preferred     |   |
| Questran/Questran Light®     | Non-Preferred | PA  |
| Repatha®                     | Preferred     | SP, QL (3 Syringes/autoinjectors per 28 DS)   |
| simvastatin                  | Preferred     |   |
| Tricor®                      | Non-Preferred | PA  |
| Vascepa®                     | Preferred     |   |
| Zetia®                       | Non-Preferred | PA  |
| Zocor®                       | Non-Preferred | PA  |
| <b>Beta-Blockers</b>         |               |   |
| acebutolol                   | Preferred     |   |
| atenolol                     | Preferred     |   |
| bisoprolol                   | Preferred     |   |
| carvedilol                   | Preferred     |   |
| Coreg®                       | Non-Preferred | PA  |
| Corgard®                     | Non-Preferred | PA  |
| Inderal LA®                  | Non-Preferred | PA  |
| labetalol                    | Preferred     |   |
| Lopressor®                   | Non-Preferred | PA  |
| metoprolol succinate ext-rel | Preferred     |   |

| DRUG                                      | TIER          | NOTES |
|---|---------------|-------|
| nadolol                                   | Preferred     |       |
| pindolol                                  | Preferred     |       |
| propranolol                               | Preferred     |       |
| propranolol ext-rel                       | Preferred     |       |
| Sectral®                                  | Non-Preferred | PA    |
| Tenormin®                                 | Non-Preferred | PA    |
| timolol                                   | Preferred     |       |
| Toprol-XL®                                | Non-Preferred | PA    |
| <b>Beta-Blocker/Diuretic Combinations</b> |               |       |
| atenolol/chlorthalidone                   | Preferred     |       |
| bisoprolol/hydrochlorothiazide            | Preferred     |       |
| Lopressor HCT®                            | Non-Preferred | PA    |
| metoprolol/hydrochlorothiazide            | Preferred     |       |
| Tenoretic®                                | Non-Preferred | PA    |
| Ziac®                                     | Non-Preferred | PA    |
| <b>Calcium Channel Blockers</b>           |               |       |
| Adalat CC®                                | Non-Preferred | PA    |
| amlodipine tabs                           | Preferred     |       |
| Calan SR®                                 | Non-Preferred | PA    |
| Cardizem®                                 | Non-Preferred | PA    |
| Cardizem CD®                              | Non-Preferred | PA    |
| Cardizem LA®                              | Non-Preferred | PA    |
| diltiazem                                 | Preferred     |       |
| diltiazem ext-rel                         | Preferred     |       |
| diltiazem ext-rel, except 120 mg          | Preferred     |       |
| felodipine ext-rel                        | Preferred     |       |
| nifedipine ext-rel                        | Preferred     |       |
| Norvasc®                                  | Non-Preferred | PA    |
| Procardia XL®                             | Non-Preferred | PA    |
| Tiazac®                                   | Non-Preferred | PA    |
| verapamil ext-rel                         | Preferred     |       |
| Verelan PM®                               | Non-Preferred | PA    |
| <b>Digitalis Glycosides</b>               |               |       |
| digoxin                                   | Preferred     |       |
| digoxin ped elixir                        | Preferred     |       |

| DRUG  | TIER          | NOTES |
|---|---------------|-------|
| Lanoxin®  | Non-Preferred | PA    |
| <b>Diuretics</b>                                |               |       |
| acetazolamide                                   | Preferred     |       |
| acetazolamide ext-rel                           | Preferred     |       |
| Aldactazide®                                    | Non-Preferred | PA    |
| amiloride                                       | Preferred     |       |
| amiloride/hydrochlorothiazide                   | Preferred     |       |
| bumetanide                                      | Preferred     |       |
| chlorthalidone                                  | Preferred     |       |
| Dyazide®  | Non-Preferred | PA    |
| furosemide                                      | Preferred     |       |
| ethacrynic acid 25mg                            | Preferred     |       |
| hydrochlorothiazide                             | Preferred     |       |
| indapamide                                      | Preferred     |       |
| Lasix®  | Non-Preferred | PA    |
| Maxzide®  | Non-Preferred | PA    |
| methazolamide                                   | Preferred     |       |
| metolazone                                      | Preferred     |       |
| spironolactone/hydrochlorothiazide              | Preferred     |       |
| toremide  | Preferred     |       |
| triamterene/hydrochlorothiazide                 | Preferred     |       |
| <b>Heart Failure</b>                            |               |       |
| Corlanor® oral soln 5mg/5ml                     | Preferred     |       |
| ivabradine tablets 5mg, 7.5mg                   | Preferred     |       |
| sacubitril/valsartan 24-26mg, 49-51mg, 97-103mg | Preferred     |       |
| <b>Nitrates</b>                                 |               |       |
| Isordil®  | Non-Preferred | PA    |
| isosorbide 20-37.5mg                            | Preferred     |       |
| isosorbide dinitrate oral                       | Preferred     |       |
| isosorbide mononitrate                          | Preferred     |       |
| isosorbide mononitrate ext-rel                  | Preferred     |       |
| Nitro-Bid®                                      | Preferred     | PA    |
| Nitro-Dur®                                      | Non-Preferred | PA    |
| nitroglycerin ext-rel                           | Preferred     |       |
| nitroglycerin sublingual                        | Preferred     |       |
| nitroglycerin transdermal                       | Preferred     |       |

| DRUG                                   | TIER          | NOTES   |
|--|---------------|---|
| Nitrostat®                             | Non-Preferred | PA  |
| <b>Pulmonary Arterial Hypertension</b> |               |   |
| ambrisentan                            | Preferred     | PA, SP, QL  |
| bosentan                               | Preferred     | PA, SP, QL  |
| epoprostenol sodium                    | Preferred     | PA, SP  |
| Flolan®                                | Non-Preferred | PA, SP  |
| Letairis®                              | Non-Preferred | PA, SP  |
| Opsumit®                               | Preferred     | PA, SP  |
| Remodulin® inj                         | Non-Preferred | PA, SP  |
| Revatio®                               | Non-Preferred | PA, SP  |
| sildenafil                             | Preferred     | PA, SP  |
| Tracleer®                              | Non-Preferred | PA, SP  |
| treprostinil inj                       | Preferred     | PA, SP  |
| Tyvaso®                                | Non-Preferred | PA, SP  |
| Uptravi®                               | Preferred     | PA, SP  |
| <b>Miscellaneous</b>                   |               |   |
| hydralazine                            | Preferred     |   |
| methyldopa                             | Preferred     |   |
| midodrine                              | Preferred     |   |
| <b>CENTRAL NERVOUS SYSTEM</b>          |               |   |
| <b>Antianxiety</b>                     |               |   |
| Alprazolam Intensol oral, ODT, tabs    | Preferred     | QL (.25mg,.5mg, 1mg, 2mg, ODT 0.25mg,0.5mg,1mg, 2mg , 150 per 25 DS)(1mg/ml, 300cc per 25 DS) |
| Anafranil®                             | Non-Preferred | PA  |
| Ativan®                                | Non-Preferred | PA  |
| bupirone                               | Preferred     |   |
| chlordiazepoxide caps                  | Preferred     |   |
| clomipramine caps                      | Preferred     |   |
| clonazepam tabs                        | Preferred     | QL (300 QY per 25 DS)   |
| diazepam                               | Preferred     |   |
| fluvoxamine                            | Preferred     |   |
| Klonopin®                              | Non-Preferred | PA  |
| lorazepam                              | Preferred     |   |
| oxazepam                               | Preferred     | QL (120 QY per 25 DS)   |
| Valium®                                | Non-Preferred | PA  |
| Xanax®                                 | Non-Preferred | PA  |

| DRUG   | TIER          | NOTES  |
|--|---------------|--|
| <b>Anticonvulsants</b>                       |               |  |
| carbamazepine chew, susp, tabs               | Preferred     |  |
| carbamazepine ext-rel                        | Preferred     |  |
| Carbatrol®                                   | Non-Preferred | PA   |
| Depakene®                                    | Non-Preferred | PA   |
| Depakote ER®                                 | Non-Preferred | PA   |
| Diastat®                                     | Non-Preferred | PA   |
| diazepam rectal gel                          | Preferred     |  |
| Dilantin®                                    | Non-Preferred | PA   |
| Dilantin Infatabs®                           | Non-Preferred | PA   |
| divalproex sodium delayed-rel                | Preferred     |  |
| divalproex sodium ext-rel                    | Preferred     |  |
| ethosuximide                                 | Preferred     |  |
| gabapentin capsules, oral solution           | Preferred     | QL (800mg, 4 QY per DY)(100mg, 300mg,400mg,600mg,600mg,600mg, 600mg, 600mg, 6 QY per DY)<br>( 250mg/5ml, 300mg/6ml, 72ccQY per DY) |
| Gabitril®                                    | Non-Preferred | PA   |
| Keppra®, Keppra ER®                          | Non-Preferred | PA   |
| lacosamide oral soln, tablets                | Preferred     |  |
| Lamictal® regular, ODT                       | Non-Preferred | PA   |
| Lamotrigine regular, ODT                     | Preferred     |  |
| levetiracetam, levetiracetam ER 500mg, 750mg | Preferred     |  |
| levetiracetam inj                            | Preferred     |  |
| Mysoline®                                    | Non-Preferred | PA   |
| Nayzilam®                                    | Preferred     | PA, Diagnosis & >12 yrs. Of age, QL (50 nasal sprays QY per 25 DS)   |
| Neurontin®                                   | Non-Preferred | PA   |
| oxcarbazepine                                | Preferred     |  |
| phenobarbital                                | Preferred     |  |
| Phenytek®                                    | Non-Preferred | PA   |
| phenytoin                                    | Preferred     |  |
| phenytoin sodium extended                    | Preferred     |  |

| DRUG                           | TIER          | NOTES  |
|--------------------------------|---------------|--|
| pregabalin                     | Preferred     | PA, QL(60 QY per 25DS)<br>(25mg,50mg,75mg,100mg,150mg<br>120 QY Per 25 DS)(200mg, 90 QY per<br>25 DS)(20mg/ml, 900cc QY per 25 DS) |
| primidone                      | Preferred     |  |
| Sabril®                        | Non-Preferred | PA   |
| Tegretol®                      | Non-Preferred | PA   |
| Tegretol-XR®                   | Non-Preferred | PA   |
| tiagabine                      | Preferred     |  |
| Topamax®                       | Non-Preferred | PA   |
| topiramate sprinkle caps, tabs | Preferred     |  |
| Trileptal®                     | Non-Preferred | PA   |
| valproic acid                  | Preferred     |  |
| valproate sodium soln, caps    | Preferred     |  |
| vigabatrin                     | Preferred     | PA, SP, QL(6QY Per DY)   |
| Vigafyde soln 100mg/ml         | Preferred     | PA, QL(900ml per 30 DS)  |
| Vimpat® tabs, oral soln        | Non-Preferred | PA   |
| Zarontin®                      | Non-Preferred | PA   |
| Zonegran®                      | Non-Preferred | PA   |
| zonisamide                     | Preferred     |  |
| <b>Anti-Depressants</b>        |               |  |
| amitriptyline                  | Preferred     |  |
| bupropion                      | Preferred     |  |
| bupropion ext-rel              | Preferred     |  |
| Celexa®                        | Non-Preferred | PA   |
| citalopram                     | Preferred     |  |
| Cymbalta®                      | Non-Preferred | PA   |
| desipramine                    | Preferred     |  |
| doxepin                        | Preferred     |  |
| duloxetine delayed-rel         | Preferred     | PA   |
| Effexor XR®                    | Non-Preferred | PA   |
| escitalopram                   | Preferred     |  |
| fluoxetine tabs, caps          | Preferred     |  |
| imipramine HCl                 | Preferred     |  |
| isocarboxazid                  | Preferred     |  |
| Lexapro®                       | Non-Preferred | PA   |
| Marplan®                       | Preferred     |  |

| DRUG                                     | TIER          | NOTES |
|--|---------------|-------|
| mirtazapine                              | Preferred     |       |
| Nardil®                                  | Non-Preferred | PA    |
| Norpramin®                               | Non-Preferred | PA    |
| nortriptyline®                           | Preferred     |       |
| Pamelor®                                 | Non-Preferred | PA    |
| Parnate®                                 | Non-Preferred | PA    |
| paroxetine HCl                           | Preferred     |       |
| paroxetine HCl ext-rel                   | Preferred     |       |
| Paxil®                                   | Preferred     |       |
| Paxil CR®                                | Non-Preferred | PA    |
| phenelzine®                              | Preferred     |       |
| Prozac®                                  | Non-Preferred | PA    |
| Remeron®                                 | Non-Preferred | PA    |
| sertraline®                              | Preferred     |       |
| Tofranil®                                | Non-Preferred | PA    |
| tranlycypromine                          | Preferred     |       |
| trazodone                                | Preferred     |       |
| venlafaxine                              | Preferred     |       |
| venlafaxine ext-rel                      | Preferred     |       |
| Wellbutrin SR®                           | Non-Preferred | PA    |
| Wellbutrin XL®                           | Non-Preferred | PA    |
| Zoloft®                                  | Non-Preferred | PA    |
| <b>Antiparkinsonian Agents</b>           |               |       |
| amantadine                               | Preferred     |       |
| benztropine                              | Preferred     |       |
| bromocriptine                            | Preferred     |       |
| carbidopa/levodopa                       | Preferred     |       |
| carbidopa/levodopa ext-rel               | Preferred     |       |
| carbidopa/levodopa orally disintegrating | Preferred     |       |
| carbidopa/levodopa/entacapone            | Preferred     |       |
| Comtan®                                  | Non-Preferred | PA    |
| Elderly®                                 | Non-Preferred | PA    |
| entacapone                               | Preferred     |       |
| Mirapex®                                 | Non-Preferred | PA    |
| Parlodel®                                | Non-Preferred | PA    |
| pramipexole                              | Preferred     |       |
| Requip®                                  | Non-Preferred | PA    |
| ropinirole                               | Preferred     |       |

| DRUG                                    | TIER          | NOTES |
|---|---------------|-------|
| selegiline                              | Preferred     |       |
| Sinemet®                                | Non-Preferred | PA    |
| Sinemet CR®                             | Non-Preferred | PA    |
| Stalevo®                                | Non-Preferred | PA    |
| trihexyphenidyl                         | Preferred     |       |
| <b>Antipsychotics</b>                   |               |       |
| Abilify® tablets                        | Non-Preferred | PA    |
| Abilify Maintena®                       | Preferred     |       |
| aripiprazole tabs                       | Preferred     | PA    |
| aripiprazole orally disintegrating tabs | Preferred     | PA    |
| Aristada® injection                     | Preferred     |       |
| Aristada Injection Initio               | Preferred     | PA    |
| asenapine 2.5mg, 5mg, 10mg              | Preferred     |       |
| chlorpromazine                          | Preferred     |       |
| clozapine                               | Preferred     |       |
| clozapine orally disintegrating tabs    | Preferred     |       |
| Clozaril®                               | Non-Preferred | PA    |
| Erzofri®                                | Preferred     |       |
| Fazaclor®                               | Non-Preferred | PA    |
| fluphenazine                            | Preferred     |       |
| fluphenazine decanoate inj              | Preferred     |       |
| fluphenazine inj                        | Preferred     |       |
| Geodon®                                 | Non-Preferred | PA    |
| Haldol®                                 | Non-Preferred | PA    |
| Haldol Decanoate®                       | Non-Preferred | PA    |
| Haloperidol®                            | Preferred     |       |
| haloperidol decanoate inj               | Preferred     |       |
| haloperidol lactate inj                 | Preferred     |       |
| Invega® tablet ext-rel                  | Non-Preferred | PA    |
| Invega Sustenna®                        | Preferred     |       |
| Invega Trinza®                          | Preferred     |       |
| olanzapine®                             | Preferred     |       |
| paliperidone ext-rel                    | Preferred     | PA    |
| perphenazine                            | Preferred     |       |
| thiothixene                             | Preferred     |       |
| trifluoperazine                         | Preferred     |       |
| quetiapine                              | Preferred     |       |
| Risperdal® tablet, oral soln            | Non-Preferred | PA    |

| DRUG  | TIER          | NOTES   |
|---|---------------|---|
| Risperdal Consta®                               | Preferred     |   |
| risperidone tablet, oral soln                   | Preferred     | PA  |
| Rykindo® 25mg, 37.5mg, 50mg inj                 | Preferred     |   |
| Saphris® sublingual                             | Non-Preferred | PA  |
| Seroquel®                                       | Non-Preferred | PA  |
| ziprasidone                                     | Preferred     |   |
| Zyprexa®  | Non-Preferred | PA  |
| <b>Attention Deficit Hyperactivity Disorder</b> |               |   |
| amphetamine/dextroamphetamine tabs, caps        | Preferred     | QL (5/7.5/10/12.5 mg: 90 QY per 25 DS, 15/20 mg: 60 QY per 25 DS, 30 mg: 30 QY per 25 DS) |
| atomoxetine                                     | Preferred     | QL (10/18/25 mg: 120 QY per 25 DS, 40 mg: 60 QY per DS, 60/80/100 mg: 30 QY per DS)       |
| Concerta® tabs                                  | Non-Preferred | PA, QL (18/27 mg: 60 QY per 25 DS, 36 mg: 60 QY per 25 DS, 54mg: 30 QY per 25 DS)         |
| clonidine ext-rel tablet                        | Preferred     |   |
| Dexedrine Spansule®                             | Non-Preferred | PA, QL (5/10 mg: 120 QY per 25 DS, 15 mg: 60 QY per 25 DS, 20/25/30 mg: 30 QY per 25 DS)  |
| dextroamphetamine ext-rel (Focalin XR) caps     | Preferred     | QL (5/10mg: 90 per 25 DS, 15/20mg: 60 per 25 DS, 25/30/35/40mg: 30 per 25 DS)             |
| dextroamphetamine tabs                          | Preferred     | QL (5 mg: 180 QY per 25 DS; 10mg: 120 QY per 25 DS)                                       |
| Focalin® tabs                                   | Non-Preferred | PA, QL (5 mg: 180 QY per 25 DS; 10mg: 120 QY per 25 DS)                                   |
| Focalin XR® caps                                | Non-Preferred | PA, QL (5/10mg: 90 per 25 DS, 15/20mg: 60 per 25 DS, 25/30/35/40mg: 30 per 25 DS)         |
| guanfacine ext rel                              | Preferred     |   |
| Intuniv®  | Non-Preferred | PA  |

| DRUG   | TIER          | NOTES   |
|--|---------------|---|
| Kapvay® 0.1mg  | Non-Preferred | PA  |
| lisdexamfetamine   | Preferred     |   |
| methylphenidate tabs   | Preferred     | QL (5 mg/10mg: 210 QY per 25 DS, 20mg: 90 QY per 25 DS)   |
| Methylin® soln   | Non-Preferred | PA, QL (5 mg/mL: 1800 mL QY per 25 DS, 10mg/mL: 900 mL QY per 25 DS)  |
| methylphenidate ext-rel osm tabs (Concerta)                  | Preferred     | QL (18/27/36 60 QY per 25 DS, 54 mg: 30 QY per 25 DS)   |
| methylphenidate ext-rel caps 20 mg, 30 mg, 40mg (Ritalin LA) | Preferred     | QL (20mg,30mg: 60 per 25 DS; 180 per 75 DS; 40mg:30 QY per 25 DS;90 per 75 DS)                                    |
| methylphenidate solution                                     | Preferred     | QL (5 mg/mL: 1800 mL QY per 25 DS, 10mg/mL: 900 mL QY per 25 DS)  |
| Ritalin®   | Non-Preferred | PA, QL (5 mg/10mg: 210 QY per 25 DS, 20mg: 90 QY per 25 DS)   |
| Ritalin LA® caps   | Non-Preferred | PA, QL (10 mg: 150 QY per 25 DS, 20mg: 60 per 25 DS; 180 per 75 DS; 30 mg: 90 QY per 25 DS, 40mg:30 QY per 25 DS) |
| Strattera®   | Non-Preferred | PA, QL (10/18/25 mg: 120 QY per 25 DS, 40 mg: 60 QY per DS, 60/80/100mg: 30 QY per DS)                            |
| Vyvanse  | Non-Preferred | PA  |
| <b>Hypnotics</b>   |               |   |
| Ambien®  | Non-Preferred | PA  |
| Dayvigo ®  | Non-Preferred | PA, QL (Try/Fail of generic non-benzo sedative-hypnotic or benzodiazepine)  |
| doxylamine   | Preferred     | OTC   |
| melatonin  | Preferred     |   |
| Restoril®  | Non-Preferred | PA  |

| DRUG                                    | TIER          | NOTES   |
|---|---------------|---|
| ramelteon                               | Preferred     | Initial QL: (15 QY per 25 DS, Post QL: 30 per 25 DS)  |
| Rozerem®                                | Non-Preferred | PA, Initial QL: (15 QY per 25 DS, Post QL: 30 QY per 25 DS)   |
| temazepam                               | Preferred     | QL, (15 QY per 25 DS)   |
| Unisom®                                 | Non-Preferred | PA, OTC   |
| zolpidem                                | Preferred     | QL, (15 QY per 25 DS)   |
| <b>Migraine</b>                         |               |   |
| Amerge®                                 | Non-Preferred | PA, ST, QL (18 QY per 25 DS)  |
| Ubrelvy® 50mg, 100mg                    | Non-Preferred | PA, ST, QL, Initial (ST: Try/fail 30 days of 2 QY triptans with the past 180 days; Initial Limit: 16 QY per 25 days, If initial ST not met or if initial limit exceeded.)   |
| Emgality®                               | Non-Preferred | PA, ST, QL(30 QY per 25 DS)   |
| Imitrex® tablet, nasal spray, injection | Non-Preferred | PA, QL (12 tablet QY per 25 DS), (6 inj QY per 25 DS) (1 QY per 25 DS)  |
| Maxalt®                                 | Non-Preferred | PA, ST, QL  |
| naratriptan                             | Preferred     | ST, QL (12 QY per 25 DS)  |
| Nurtec® 75mg ODT                        | Preferred     | ST, QL, Initial ST: Try/fail 30 days of 2 triptans within the past 180 days OR 56-day supply of divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days<br>Initial Limit: 16 ODT / 25 days, 48 ODT / 75 days<br>If initial ST not met or if initial limit exceeded, PA is required.<br>Post Limit will be the same as the initial limit. |
| rizatriptan                             | Preferred     | ST, QL (18 QY per 25 DS)  |
| Qulipta® 10mg, 30mg, 60mg               | Preferred     | ST, QL (30 QY Per 25 DS)  |
| sumatriptan tab                         | Preferred     | QL (12 QY per 25 DS)  |

| DRUG   | TIER          | NOTES   |
|--|---------------|---|
| sumatriptan inj  | Preferred     | QL (6 QY per 25 DS)   |
| sumatriptan nasal spray  | Preferred     | QL (1 QY per 25 DS)   |
| zolmitriptan 2.5mg, 5mg, 5mg ODT   | Preferred     | ST, QL (12 QY per 25 DS)  |
| Zomig®   | Non-Preferred | PA, ST, QL (12 QY per 25 DS)  |
| <b>Miscellaneous-Migraine</b>  |               |   |
| Rilutek®   | Non-Preferred | PA  |
| Riluzole®  | Preferred     |   |
| <b>Mood Stabilizers</b>  |               |   |
| lithium carbonate  | Preferred     |   |
| lithium carbonate ext-rel tabs 300 mg  | Preferred     |   |
| lithium carbonate ext-rel tabs 450 mg  | Preferred     |   |
| lithium citrate  | Preferred     |   |
| Lithobid®  | Non-Preferred | PA  |
| <b>Movement Disorders</b>  |               |   |
| Austedo® tablet 6mg, 9mg, 12mg   | Preferred     | PA, SP, QL (6mg-60 capsules per 30 days)(9mg & 12mg-120 capsules per 30 days) |
| valbenazine 40mg,60mg,80mg, 40mg, 60mg, 80mg sprinkles, therapy pack 40mg/7, 80mg/21 | Preferred     | PA, ST, QL; only for chorea associated with Huntington's disease              |
| tetrabenazine 12.5mg, 25mg   | Preferred     | PA, SP  |
| Xenazine   | Non-Preferred | PA, SP  |
| <b>Multiple Sclerosis Agents</b>   |               |   |
| Avonex® packet 30mcg/0.5ml, Pen  | Preferred     | PA, SP, QL (0.04cc per DY)  |
| Copaxone®  | Non-Preferred | PA, SP, QL(20mg/ml, 1 QY per DY) (40mg/ml, 0.43cc QY per DY)                  |
| dimethyl fumarate delayed-rel, starter kits  | Preferred     | PA, SP, QL (14 per 28 days)   |
| Extavia® kit 0.3mg   | Preferred     | PA, QL  |
| fingolimod   | Preferred     | PA, SP, QL (1 per DY)   |
| Gilenya®   | Preferred     | PA, SP, QL (1 per DY)   |
| glatiramer   | Preferred     | PA, SP, QL (20mg/ml, 1 QY per DY) (40mg/ml, 0.43cc QY per DY)                 |
| Mayzent® 0.25mg, 1mg, 2mg, starter kit   | Preferred     | PA, SP, QL (4 QY per 7 DY)  |
| Ocrevus® soln 300mg/10ml   | Preferred     | PA, SP  |
| Rebif®   | Preferred     | PA, SP, QL (0.21cc QY per DY)   |

| DRUG   | TIER          | NOTES  |
|--|---------------|--|
| teriflunomide  | Preferred     | PA, SP, QL (1 QY per DY)   |
| <b>Musculoskeletal Therapy Agents</b>                            |               |  |
| baclofen 10 mg, 20 mg  | Preferred     |  |
| carisoprodol 350mg   | Preferred     | QL (84 QY per 25 DS)   |
| chlorzoxazone 500mg  | Preferred     |  |
| cyclobenzaprine  | Preferred     |  |
| Dantrium®  | Non-Preferred | PA   |
| dantrolene   | Preferred     |  |
| methocarbamol  | Preferred     |  |
| orphenadrine ext-rel   | Preferred     |  |
| Robaxin®   | Non-Preferred | PA   |
| Soma® 500mg (only)   | Non-Preferred | PA   |
| tizanidine tabs  | Preferred     |  |
| Zanaflex®  | Non-Preferred | PA   |
| <b>Myasthenia Gravis</b>   |               |  |
| Mestinon®  | Non-Preferred | PA   |
| Mestinon Timespan®   | Non-Preferred | PA   |
| pyridostigmine   | Preferred     |  |
| pyridostigmine ext-rel   | Preferred     |  |
| <b>Narcolepsy/Cataplexy</b>                                      |               |  |
| armodafinil  | Preferred     | PA, QL (150mg,200mg,250mg, 30 QY per 25 DS)(50mg, 60 QY per 25 DS)       |
| modafinil  | Preferred     | PA, QL ( 60 QY per 25 DS)  |
| Nuvigil®   | Non-Preferred | PA, QL (PA, QL150mg,200mg,250mg, 30 QY per 25 DS)(50mg, 60 QY per 25 DS) |
| Provigil®  | Non-Preferred | PA, QL ( 60 QY per 25 DS)  |
| <b>Miscellaneous-Opioid Agonist/Antagonist/Psychotherapeutic</b> |               |  |
| acamprosate calcium  | Preferred     |  |
| Antabuse®  | Non-Preferred | PA   |
| buprenorphine sublingual   | Preferred     |  |
| buprenorphine/naloxone sublingual tabs                           | Preferred     |  |
| buprenorphine/naloxone sublingual films                          | Preferred     |  |
| bupropion ext-rel  | Preferred     |  |

| DRUG                           | TIER          | NOTES                |
|--------------------------------|---------------|----------------------|
| Chantix®                       | Preferred     |                      |
| disulfiram                     | Preferred     |                      |
| naloxone nasal spray 4mg/0.1ml | Preferred     |                      |
| naltrexone 50mg                | Preferred     |                      |
| Narcan nasal spray® 4mg/0.1ml  | Preferred     | QL (4 QY per 180 DS) |
| Nicorette gum®                 | Non-Preferred | PA                   |
| nicotine polacrilex gum        | Preferred     | OTC                  |
| nicotine transdermal           | Preferred     | OTC                  |
| Rivive® nasal spray 3mg/0.1ml  | Preferred     | QL, OTC              |
| Nuedexta®                      | Preferred     | PA                   |
| Suboxone® sublingual film®     | Preferred     | QL (60 QY per 25 DS) |
| Zubsolv® sublingual tab®       | Preferred     | QL (90 QY per 25 DS) |
| Zyban®                         | Non-Preferred | PA                   |

### ENDOCRINE AND METABOLIC

#### Acromegaly

|                    |               |        |
|--------------------|---------------|--------|
| octreotide acetate | Preferred     | PA, SP |
| Sandostatin®       | Non-Preferred | PA, SP |
| Somatuline Depot®  | Preferred     | PA, SP |

#### Androgens

|                              |               |    |
|------------------------------|---------------|----|
| Androgel®                    | Non-Preferred | PA |
| Delatestryl®                 | Non-Preferred | PA |
| Depo-Testosterone®           | Non-Preferred | PA |
| Fortesta®                    | Non-Preferred | PA |
| testosterone cypionate       | Preferred     | PA |
| testosterone enanthate       | Preferred     | PA |
| testosterone gel             | Preferred     | PA |
| testosterone gel 25 mg/2.5mg | Preferred     | PA |

#### Antidiabetics

|                         |               |    |
|-------------------------|---------------|----|
| Acarbose                | Preferred     |    |
| Alogliptin              | Preferred     |    |
| alogliptin/metformin    | Preferred     |    |
| alogliptin/pioglitazone | Preferred     |    |
| Actoplus Met®           | Non-Preferred | PA |
| Actos®                  | Non-Preferred | PA |

| DRUG   | TIER          | NOTES   |
|--|---------------|---|
| Admelog®                                       | Preferred     |   |
| Amaryl®  | Non-Preferred | PA  |
| Duetact®                                       | Non-Preferred | PA  |
| Glargin YFGN 100u/ml                           | Preferred     |   |
| Glimepiride                                    | Preferred     |   |
| glipizide tabs                                 | Preferred     |   |
| glipizide ext-rel                              | Preferred     |   |
| glipizide-metformin                            | Preferred     |   |
| Glucotrol®                                     | Non-Preferred | PA  |
| Glucotrol XL®                                  | Non-Preferred | PA  |
| Humalog mix®                                   | Preferred     |   |
| Humulin 70/30®                                 | Preferred     | OTC   |
| Humulin N®                                     | Preferred     | OTC   |
| Humulin R                                      | Preferred     | OTC   |
| Jardiance® 10mg, 25mg                          | Preferred     | PA, ST (30 days supply of metformin in the past 180 days)                       |
| Kazano®  | Non-Preferred | PA  |
| liraglutide pen 6mg/ml                         | Preferred     | ST, QL (ST 30 DS of metformin in past 180DS)                                    |
| Metaglip®                                      | Non-Preferred | PA  |
| Metformin                                      | Preferred     |   |
| metformin ext-rel                              | Preferred     |   |
| Nesina®  | Non-Preferred | PA  |
| nateglinide                                    | Preferred     |   |
| Novolin 70/30®                                 | Preferred     | OTC   |
| Novolin N®                                     | Preferred     | OTC   |
| Novolin R®                                     | Preferred     | OTC   |
| Novolog Mix 70/30®                             | Preferred     |   |
| Oseni®   | Preferred     |   |
| Ozempic® 2mg/1.5ml, 2mg/3ml, 4mg/3ml, 8mg/3ml, | Preferred     | ST, QL (ST 30 DS of metformin in past 180 DS) (0.25 or 0.5mg 1 pen per 21 days) |
| Pioglitazone                                   | Preferred     |   |
| pioglitazone/glimepiride                       | Preferred     |   |
| pioglitazone/metformin                         | Preferred     |   |
| Precose®                                       | Non-Preferred | PA  |
| Repaglinide®                                   | Preferred     |   |

| DRUG   | TIER      | NOTES  |
|--|-----------|--|
| Rybelsus® 1.5mg, 3mg, 4mg, 7mg, 9mg, 14mg      | Preferred | ST, QL (30 QY per 25 DY), (ST 30 QY DS of metformin in past 180 DS)                      |
| Soliqua®                                       | Preferred | ST   |
| <b>Diabetic Supplies</b>                       |           |  |
| alcohol swabs                                  | Preferred | OTC, QL(150 test strips per 25 days)   |
| Accu-Chek Aviva Plus & test strips             | Preferred | OTC, QL(150 test strips per 25 days)   |
| Accu-Chek Guide Kit & test strips              | Preferred | OTC, QL(150 test strips per 25 days)   |
| Accu-Chek Smart Kit & test strips              | Preferred | OTC, QL(150 test strips per 25 days)   |
| Embecta Ultra Fine Pen Needle                  | Preferred | 29G x 12.7MM, 31G X 5MM, 31G x 8MM, 32G x 6MM  |
| Embecta needle duo 30G x 5mm Pen Needle        | Preferred | (30G x 5MM 1/5" or 3/16")  |
| Embecta nano 32g x 4mm Pen Needle              | Preferred | (32G 1/6" or 5/32")  |
| Chemstrip Test 2, 5, 7, 9, 10 K, UGK           | Preferred | QL, (100 per 25 days)  |
| Diascreen 10                                   | Preferred |  |
| Diastix Test strips                            | Preferred |  |
| Dexcom Continuous Glucose Monitoring System®G6 | Preferred | QL, Transmitter, Sensor, Receiver (3 per 25 days)  |
| Dexcom Continuous Glucose Monitoring System®G7 | Preferred | QL, Sensor, Receiver (3 per 25 days)   |
| Ketone urine test strips                       | Preferred | OTC  |
| Lancets  | Preferred | OTC  |
| Multistix® urine test products                 | Preferred | OTC  |
| Insulin Needles U 100                          | Preferred | 1/2 ML 31 X 15/64", 1/2 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 15/64", 1 ML 31 X 5/16" |
| Omnipod 5 G6 Kit Intro                         | Preferred | OTC  |
| Omnipod 5 G6 MIS PODS                          | Preferred | OTC  |
| Omnipod 5 G7 Intro Kit                         | Preferred | OTC  |
| Omnipod 5 G7 MIS PODS                          | Preferred | OTC  |
| Omnipod 5 MIS POD G7G6                         | Preferred | OTC  |
| Omnipod Dash Insulin Infusion Pump             | Preferred |  |
| Omnipod Insulin Infusion Pump                  | Preferred |  |

| DRUG   | TIER          | NOTES  |
|--|---------------|--|
| Twist Kit Starter, Refill, Refill Kit Infusion | Preferred     |  |
| <b>Calcium Receptor Antagonists</b>            |               |  |
| cinacalcet                                     | Preferred     | PA, SP, QL( 30mg,60mg2QY per DY (90mg,4 QY Per DY) |
| Sensipar®                                      | Non-Preferred | PA, SP, QL( 30mg,60mg2QY per DY (90mg,4 QY Per DY) |
| <b>Calcium Regulators</b>                      |               |  |
| alendronate tabs                               | Preferred     |  |
| calcitonin-(salmon) soln                       | Preferred     |  |
| Fosamax®                                       | Non-Preferred | PA   |
| Miacalcin®                                     | Non-Preferred | PA   |
| Prolia®  | Preferred     | PA, SP, QL   |
| Triptodur® susp 22.5mg                         | Preferred     | PA, SP   |
| Tymlos®  | Preferred     | PA, SP, QL   |
| <b>Central Precocious Puberty</b>              |               |  |
| Fensolvi kit 45mg                              | Preferred     | PA, SP   |
| <b>Contraceptives (EE = ethinyl estradiol)</b> |               |  |
| <b>Monophasic</b>                              |               |  |
| desogestrel/EE                                 | Preferred     |  |
| drospirenone/EE 3/20                           | Preferred     |  |
| drospirenone/EE 3/30                           | Preferred     |  |
| ethynodiol diacetate/EE 1/35                   | Preferred     |  |
| ethynodiol diacetate/EE 1/50                   | Preferred     |  |
| levonorgestrel/EE                              | Preferred     |  |
| Loestrin® 1.5/30                               | Non-Preferred | PA   |
| Loestrin® 1/20                                 | Non-Preferred | PA   |
| Loestrin Fe® 1.5/30                            | Non-Preferred | PA   |
| Loestrin Fe® 1/20                              | Non-Preferred | PA   |
| norethindrone acetate/EE 1.5/30                | Preferred     |  |
| norethindrone acetate/EE 1.5/30 and iron       | Preferred     |  |
| norethindrone acetate/EE 1/20                  | Preferred     |  |
| norethindrone acetate/EE 1/20 and iron         | Preferred     |  |
| norethindrone/EE 0.4/35                        | Preferred     |  |
| norethindrone/EE 0.5/35                        | Preferred     |  |
| norethindrone/EE 1/35                          | Preferred     |  |

| DRUG  | TIER          | NOTES                              |
|---|---------------|------------------------------------|
| norgestimate/EE 0.25/35                                 | Preferred     |                                    |
| norgestrel/EE 0.3/30                                    | Preferred     |                                    |
| medroxyprogesterone acetate 150 mg/ml                   | Preferred     |                                    |
| norgestrel/EE 0.5/50 - Ogestrel®                        | Preferred     |                                    |
| Ortho-Cyclen®   | Non-Preferred | PA                                 |
| Ortho-Novum® 1/35                                       | Non-Preferred | PA                                 |
| Yasmin®   | Non-Preferred | PA                                 |
| Yaz®  | Non-Preferred | PA                                 |
| <b>Biphasic</b>   |               |                                    |
| desogestrel/EE  | Preferred     |                                    |
| Mircette®   | Non-Preferred | PA                                 |
| <b>Triphasic</b>  |               |                                    |
| desogestrel/EE  | Preferred     |                                    |
| levonorgestrel/EE                                       | Preferred     |                                    |
| norethindrone/EE  | Preferred     |                                    |
| norgestimate/EE   | Preferred     |                                    |
| Ortho Tri-Cyclen®                                       | Non-Preferred | PA                                 |
| Ortho Tri-Cyclen Lo®                                    | Non-Preferred | PA                                 |
| Ortho-Novum 7/7/7®                                      | Non-Preferred | PA                                 |
| Tri-Norinyl®  | Non-Preferred | PA                                 |
| <b>Non-Hormonal (only)</b>                              |               |                                    |
| tovorafenib susp 25mg/ml                                | Preferred     | QL 8 BTL per 28 DS                 |
| tovorafenib tab 100mg                                   | Preferred     | QL 1 BOX per 28 DS                 |
| <b>Progestin (only)</b>                                 |               |                                    |
| norethindrone   | Preferred     |                                    |
| Ortho Micronor®   | Non-Preferred | PA                                 |
| <b>Emergency Contraception</b>                          |               |                                    |
| ulipristal - Ella®                                      | Preferred     | QL Initial Limit: (3 QY per 90 DS) |
| levonorgestrel -My Choice®, Afterpill®, Econtra EZ®,    | Preferred     | QL Initial Limit: (3 QY per 90 DS) |
| <b>Injectable</b>                                       |               |                                    |
| Depo-Provera®   | Non-Preferred | PA, QL (1 QY per 75 DS)            |
| medroxyprogesterone acetate 150 mg/mL prefilled syringe | Preferred     | QL (1 QY per 75 DS)                |

| DRUG  | TIER          | NOTES                     |
|---|---------------|---------------------------|
| <b>Vaginal Transdermal</b>                        |               |                           |
| norelgestromin/ethinyl-estradiol 150-35mcg        | Preferred     |                           |
| <b>Vaginal</b>                                    |               |                           |
| etonogestrel/ethinyl-estradiol ring               | Preferred     |                           |
| NuvaRing®   | Non-Preferred | PA                        |
| <b>Miscellaneous</b>                              |               |                           |
| condoms, male                                     | Preferred     | QL, OTC                   |
| diaphragm- Omniflex                               | Preferred     | QL, OTC (1 QY per 365 DS) |
| Gynol II® gel 3%,                                 | Preferred     | OTC                       |
| nonoxynol-9-Encare supp 100mg                     | Preferred     | OTC                       |
| VCF® film, gel                                    | Preferred     | OTC                       |
| <b>Endometriosis</b>                              |               |                           |
| danazol   | Preferred     |                           |
| Synarel®  | Preferred     |                           |
| <b>Estrogens</b>                                  |               |                           |
| Climara®  | Non-Preferred | PA                        |
| Estrace®  | Non-Preferred | PA                        |
| estradiol oral, patches                           | Preferred     |                           |
| estradiol vaginal tabs                            | Preferred     |                           |
| Vagifem®  | Preferred     |                           |
| <b>Estrogen/Progestins</b>                        |               |                           |
| Activella®  | Non-Preferred | PA                        |
| Combipatch®                                       | Preferred     |                           |
| estradiol/norethindrone oral                      | Preferred     |                           |
| ethinyl-estradiol/norethindrone acetate           | Preferred     |                           |
| ethinyl-estradiol/norethindrone acetate - Jinteli | Preferred     |                           |
| Femhrt®   | Non-Preferred | PA                        |
| <b>Gaucher Disease</b>                            |               |                           |
| Cerdelga®   | Preferred     | PA, SP, QL                |
| Cerezyme®   | Preferred     | PA, SP, QL                |
| <b>Glucocorticoids</b>                            |               |                           |
| Cortef®   | Non-Preferred | PA                        |
| dexamethasone                                     | Preferred     |                           |

| DRUG   | TIER          | NOTES                        |
|--|---------------|------------------------------|
| fludrocortisone  | Preferred     |                              |
| hydrocortisone   | Preferred     |                              |
| Medrol® 2mg  | Preferred     |                              |
| Methylprednisolone                                       | Preferred     |                              |
| Orapred® ODT   | Non-Preferred | PA                           |
| prednisolone sodium phosphate orally disintegrating tabs | Preferred     |                              |
| prednisolone sodium                                      | Preferred     |                              |
| prednisolone syrup                                       | Preferred     |                              |
| prednisone   | Preferred     |                              |
| Prelone®   | Non-Preferred | PA                           |
| <b>Glucose Elevating Agents</b>                          |               |                              |
| Baqsimi® one pow 3mg/dose                                | Preferred     | QL (2 QY per 30 DS)          |
| Glucagon® Emergency Kit (rdna)                           | Preferred     |                              |
| Gvoke® Hypo 1 inj 0.5/0.1ml, 1mg/0.2ml                   | Preferred     | QL (2 QY per 30 DS)          |
| Gvoke® PFS inj, kit                                      | Preferred     | QL (2 QY per 30 DS)          |
| <b>Hereditary Tyrosinemia Type 1 Agents</b>              |               |                              |
| Nityr®   | Preferred     | PA, SP                       |
| <b>Human Growth Hormones</b>                             |               |                              |
| Humatrope® inj 6mg, 12mg, 24mg                           | Preferred     | PA, SP                       |
| Norditropin® inj   | Preferred     | PA, SP                       |
| Serostim® inj 4mg, 5mg, 6mg                              | Preferred     | PA, SP                       |
| Sevenfact® inj (JNCW)                                    | Preferred     | PA, SP                       |
| Somatropin   | Preferred     | PA, SP                       |
| Zorbtive® inj 8.8mg                                      | Preferred     | PA, SP                       |
| <b>Hyperparathyroid Treatment, Vitamin D analogs</b>     |               |                              |
| calcitriol   | Preferred     |                              |
| doxercalciferol  | Preferred     |                              |
| teriparatide injection 560/2.24 mg                       | Preferred     | PA, SP, QL (1 pen per 28 DD) |
| Hectorol®  | Non-Preferred | PA                           |
| paricalcitol   | Preferred     |                              |
| Rocaltrol®   | Non-Preferred | PA                           |
| Zemplar®   | Non-Preferred | PA                           |
| <b>Mineralocorticoid Receptor Antagonists</b>            |               |                              |
| Kerendia® 10mg, 20mg                                     | Preferred     | PA                           |

| DRUG   | TIER          | NOTES   |
|--|---------------|---|
| <b>Phenylketonuria Treatment Agents</b>              |               |   |
| Kuvan®   | Non-Preferred | PA, SP  |
| sapropterin  | Preferred     | PA, SP  |
| <b>Phosphate Binder Agents</b>                       |               |   |
| calcium acetate caps                                 | Preferred     |   |
| Renvela®   | Non-Preferred | PA, ST  |
| sevelamer carbonate                                  | Preferred     | ST  |
| <b>Potassium-Removing Agents</b>                     |               |   |
| sodium polystyrene sulfonate                         | Preferred     |   |
| <b>Progestins</b>                                    |               |   |
| Aygestin®  | Non-Preferred | PA  |
| medroxyprogesterone acetate                          | Preferred     |   |
| norethindrone acetate                                | Preferred     |   |
| progesterone 100mg, 200mg capsule                    | Preferred     |   |
| Prometrium®  | Non-Preferred | PA  |
| Provera®   | Non-Preferred | PA  |
| <b>Selective Estrogen Receptor Modulators</b>        |               |   |
| Evista®  | Non-Preferred | PA  |
| Osphena®   | Preferred     | PA  |
| raloxifene   | Preferred     |   |
| <b>Thyroid Agents</b>                                |               |   |
| Cytomel®   | Non-Preferred | PA  |
| levothyroxine  | Preferred     |   |
| liothyronine   | Preferred     |   |
| methimazole  | Preferred     |   |
| propylthiouracil                                     | Preferred     |   |
| Synthroid®   | Non-Preferred | PA  |
| Tapazole®  | Non-Preferred | PA  |
| <b>Urea Cycle Disorders</b>                          |               |   |
| Buphenyl® tablet, oral powder                        | Non-Preferred | PA, SP, QL (500mg, 40QY per DY)<br>(oral powder, 26.6gm per DY) |
| sodium phenylbutyrate 500mg tablets, 3gm oral powder | Preferred     | PA, SP, QL (500mg, 40QY Per DY)<br>(oral powder, 26.6gm Per DY) |
| <b>Vasopressin Receptor Antagonists</b>              |               |   |
| tolvaptan  | Preferred     | PA, SP  |
| Samsca®  | Non-Preferred | PA, SP  |

| DRUG                                   | TIER          | NOTES   |
|--|---------------|---|
| <b>Vasopressins</b>                    |               |   |
| DDAVP®                                 | Non-Preferred | PA  |
| desmopressin spray, tabs               | Preferred     |   |
| <b>Miscellaneous</b>                   |               |   |
| cabergoline                            | Preferred     | PA, SP  |
| <b>GASTROINTESTINAL</b>                |               |   |
| <b>Antacids</b>                        |               |   |
| alumina/magnesia                       | Preferred     | OTC   |
| alumina/magnesia/simethicone           | Preferred     | OTC   |
| calcium carbonate chew, tabs, caps     | Preferred     | OTC   |
| Maalox®                                | Non-Preferred | PA, OTC   |
| Mylanta®                               | Non-Preferred | PA, OTC   |
| <b>Antidiarrheals</b>                  |               |   |
| bismuth subsalicylate                  | Preferred     | OTC   |
| diphenoxylate/atropine                 | Preferred     |   |
| Imodium®                               | Non-Preferred | PA  |
| Lomotil®                               | Non-Preferred | PA  |
| loperamide tablets, capsule            | Preferred     | OTC   |
| Pepto-Bismol®                          | Non-Preferred | PA  |
| <b>Antiemetics</b>                     |               |   |
| Aprepitant 40mg,80mg, 125mg, 80/125mg, | Preferred     | PA, QL (40mg, 3 QY Per 180 DS)<br>(80mg, 4 QY Per 21)(80/125 Pak, 6 QY<br>Per 21 DS)(125mg, 2 QY Per 21 DS) |
| dronabinol                             | Preferred     | QL (60 QY per 25 DS)  |
| Emend®                                 | Non-Preferred | PA, QL(40mg, 3 QY Per 180 DS)<br>(80mg, 4 QY Per 21)(80/125 Pak, 6 QY<br>Per 21 DS)(125mg, 2 QY Per 21 DS)  |
| granisetron tabs                       | Preferred     | QL (12 QY per 21 DS)  |
| Marinol®                               | Non-Preferred | PA, QL (60 QY per 25 DS)  |

| DRUG   | TIER          | NOTES  |
|--|---------------|--|
| meclizine  | Preferred     |  |
| metoclopramide   | Preferred     | OTC, Rx                                      |
| ondansetron 4mg/5ml, tabs                              | Preferred     | QL (200ml QY per 21 DS; 18 QY per 21 DS)     |
| prochlorperazine                                       | Preferred     |  |
| promethazine oral, tabs                                | Preferred     |  |
| promethazine codeine syrup 6.25mg-10mg/5ml             | Preferred     |  |
| promethazine dm syrup 6.25mg-10mg/5ml, 6'25mg-15mg/5ml | Preferred     |  |
| promethazine supp                                      | Preferred     |  |
| Reglan®  | Non-Preferred | PA   |
| Tigan®   | Non-Preferred | PA   |
| trimethobenzamide                                      | Preferred     |  |
| Zofran® 4mg/5ml oral soln, tabs                        | Non-Preferred | PA, QL (200ml QY per 21 DS; 18 QY per 21 DS) |
| <b>Antispasmodics</b>                                  |               |  |
| dicyclomine caps, tabs, sol                            | Preferred     |  |
| glycopyrrolate soln 1mg/5ml                            | Preferred     | PA, Age (Covered for 3-16 years of age)      |
| glycopyrrolate tabs 1mg, 2mg                           | Preferred     |  |
| hyoscyamine sulfate elix, tabs                         | Preferred     |  |
| <b>Cholelitholytics</b>                                |               |  |
| Actigall®  | Non-Preferred | PA   |
| Iqirvo®  | Non-Preferred | PA, SP, QL (30 tablets per 30 days)          |
| Urso®  | Non-Preferred | PA   |
| ursodiol (Actigall & Urso)                             | Preferred     |  |
| <b>H2 Receptor Antagonists</b>                         |               |  |
| cimetidine 200mg, 300mg, 400mg, 800mg                  | Preferred     | OTC & Rx                                     |
| famotidine   | Preferred     | OTC & Rx                                     |
| nizatidine   | Preferred     |  |
| Pepcid® 20mg tabs                                      | Non-Preferred | PA   |
| Pepcid AC®   | Non-Preferred | PA, OTC                                      |
| Tagamet HB®  | Non-Preferred | PA, OTC                                      |

| Inflammatory Bowel Disease             |               |                            |
|--|---------------|----------------------------|
| DRUG                                   | TIER          | NOTES                      |
| Apriso®                                | Preferred     |                            |
| Azulfidine®                            | Non-Preferred | PA                         |
| Azulfidine EN®-Tabs                    | Non-Preferred | PA                         |
| balsalazide                            | Preferred     |                            |
| budesonide aerosol rectal foam 2mg/act | Preferred     |                            |
| Symbicort delayed-rel caps             | Preferred     |                            |
| Entocort EC®                           | Non-Preferred | PA                         |
| hydrocortisone enema                   | Preferred     |                            |
| mesalamine ext-rel caps                | Preferred     |                            |
| mesalamine rectal susp, supp           | Preferred     |                            |
| Rowasa® rectal susp                    | Non-Preferred | PA                         |
| sulfasalazine                          | Preferred     |                            |
| sulfasalazine delayed-rel              | Preferred     |                            |
| Irritable Bowel Syndrome               |               |                            |
| lubiprostone                           | Preferred     |                            |
| Amitiza®                               | Non-Preferred | PA                         |
| Laxatives/Stool Softeners              |               |                            |
| bisacodyl enema, tab, supp             | Preferred     | OTC                        |
| Colace®                                | Non-Preferred | PA                         |
| Colyte®                                | Non-Preferred | PA                         |
| docusate calcium                       | Preferred     | OTC                        |
| docusate sodium                        | Preferred     | OTC                        |
| Dulcolax®                              | Non-Preferred | PA, OTC                    |
| Golytely®                              | Non-Preferred | PA                         |
| Kristalose®                            | Preferred     |                            |
| Lactulose                              | Preferred     |                            |
| Miralax®                               | Non-Preferred | PA                         |
| Nulytely®                              | Non-Preferred | PA                         |
| polyethylene glycol 3350/electrolytes  | Preferred     | Nulytely, Golytely, Colyte |
| polyethylene glycol 3350               | Preferred     | OTC                        |
| Senna®                                 | Preferred     | OTC                        |
| Senna Plus®                            | Non-Preferred | PA                         |
| sennosides                             | Preferred     | OTC                        |
| sennosides/docusate sodium             | Preferred     | OTC                        |

|   |               |                   |
|---|---------------|-------------------|
| Senokot®                                | Non-Preferred | PA                |
| Suprep Bowel Prep kit                   | Preferred     |                   |
| <b>DRUG</b>                             | <b>TIER</b>   | <b>NOTES</b>      |
| <b>Opioid-Induced Constipation</b>      |               |                   |
| Movantik®                               | Preferred     |                   |
| <b>Pancreatic Enzymes</b>               |               |                   |
| Viokase®                                | Preferred     |                   |
| Zenpep® caps 60000 units                | Preferred     |                   |
| <b>Prostaglandins</b>                   |               |                   |
| Cytotec®                                | Non-Preferred | PA                |
| misoprostol                             | Preferred     |                   |
| <b>Proton Pump Inhibitors</b>           |               |                   |
| esomeprazole magnesium delayed-release  | Preferred     | OTC               |
| esomeprazole magnesium delayed-release  | Preferred     | AL (<1 year only) |
| lansoprazole delayed-release 15mg, 30mg | Preferred     | OTC, Rx           |
| Nexium® susp                            | Preferred     | AL (<1 year only) |
| Nexium® 24hr                            | Preferred     | OTC               |
| omeprazole delayed-release tabs         | Preferred     |                   |
| omeprazole delayed-rel caps             | Preferred     |                   |
| omeprazole/sodium bicarbonate           | Preferred     | OTC               |
| pantoprazole delayed-rel tabs           | Preferred     |                   |
| Prevacid® 24hr                          | Non-Preferred | PA, OTC           |
| Prilosec®                               | Non-Preferred | PA                |
| Prilosec® OTC                           | Preferred     |                   |
| Protonix®                               | Non-Preferred | PA                |
| Zegerid® OTC                            | Non-Preferred | PA                |
| <b>Saliva Stimulants</b>                |               |                   |
| pilocarpine tabs                        | Preferred     |                   |
| Salagen®                                | Non-Preferred | PA                |
| <b>Steroids, Rectal</b>                 |               |                   |
| Proctozone®-HC 2.5%                     | Non-Preferred | PA                |
| hydrocortisone crm 1%, 2.5%             | Preferred     |                   |
| Proctocort® 1%, 2.5%                    | Non-Preferred | PA                |
| <b>Miscellaneous</b>                    |               |                   |
| Carafate®                               | Non-Preferred | PA                |
| Imodium®                                | Non-Preferred | PA                |
| Iqirvo                                  | Preferred     | PA, QL            |

| loperamide/simethicone              | Preferred     | OTC                                |
|-------------------------------------|---------------|------------------------------------|
| sucralfate tabs                     | Preferred     |                                    |
| DRUG                                | TIER          | NOTES                              |
| simethicone                         | Preferred     | OTC                                |
| <b>GENTOURINARY</b>                 |               |                                    |
| <b>Benign Prostatic Hyperplasia</b> |               |                                    |
| alfuzosin ext-rel                   | Preferred     |                                    |
| Cardura®                            | Non-Preferred | PA                                 |
| doxazosin                           | Preferred     |                                    |
| finasteride                         | Preferred     |                                    |
| Flomax®                             | Non-Preferred | PA                                 |
| Proscar®                            | Non-Preferred | PA                                 |
| tamsulosin                          | Preferred     |                                    |
| terazosin                           | Preferred     |                                    |
| Uroxatral®                          | Non-Preferred | PA                                 |
| <b>Urinary Antispasmodics</b>       |               |                                    |
| Detrol®                             | Non-Preferred | PA                                 |
| Ditropan® XL                        | Non-Preferred | PA                                 |
| mirabegron ER 25mg, 50mg            | Preferred     |                                    |
| oxybutynin                          | Preferred     |                                    |
| oxybutynin ext-rel                  | Preferred     |                                    |
| Oxytrol® For Women transdermal      | Preferred     | OTC, gender restriction to females |
| tolterodine                         | Preferred     |                                    |
| trospium                            | Preferred     |                                    |
| <b>Vaginal Anti-Infectives</b>      |               |                                    |
| Cleocin®                            | Non-Preferred | PA                                 |
| clindamycin crm                     | Preferred     |                                    |
| Clotrimazole crm                    | Preferred     | OTC & Rx                           |
| Metronidazole gel, crm, supp, kits  | Preferred     |                                    |
| Miconazole crm                      | Preferred     | OTC & Rx                           |
| terconazole                         | Preferred     |                                    |
| <b>Miscellaneous</b>                |               |                                    |
| bethanechol                         | Preferred     |                                    |
| phenazopyridine 100mg, 200mg        | Preferred     | OTC & Rx                           |
| potassium citrate ext-rel           | Preferred     |                                    |
| Pyridium®                           | Non-Preferred | PA                                 |
| Urocit-K®                           | Non-Preferred | PA                                 |
| <b>HEMATOLOGIC</b>                  |               |                                    |

| Anticoagulants                                     |               |                                   |
|--|---------------|-----------------------------------|
| DRUG   | TIER          | NOTES                             |
| Arixtra®   | Non-Preferred | PA                                |
| Coumadin®  | Non-Preferred | PA                                |
| dabigatran 75mg, 110mg, 150mg                      | Preferred     |                                   |
| Eliquis®   | Preferred     |                                   |
| enoxaparin   | Preferred     |                                   |
| fondaparinux                                       | Preferred     |                                   |
| Lovenox®   | Non-Preferred | PA                                |
| warfarin   | Preferred     |                                   |
| Xarelto®   | Preferred     |                                   |
| Hematopoietic Growth Factors                       |               |                                   |
| Aranesp®   | Preferred     | PA, SP                            |
| Fylmetra syringe 6mg/0.6ml                         | Preferred     | PA, SP, QL (2 syringes per 28 DS) |
| Fulphila syringe 6mg/0.6ml                         | Preferred     | PA, SP, QL (2 syringes per 28 DS) |
| Retacrit®  | Preferred     | PA, SP                            |
| Zarxio®  | Preferred     | PA, SP                            |
| Hemophilia A Agents                                |               |                                   |
| Esperoct® 1000u, 1500u, 2000u, 3000u, 4000u, 5000u | Preferred     | PA, SP                            |
| Hemlibra   | Preferred     | PA, SP                            |
| Hereditary Angioedema Agents                       |               |                                   |
| Cinryze® 500u                                      | Preferred     | PA, SP, QL (500u, 0.667u per DY)  |
| Haegarda® 2000u, 3000u                             | Preferred     | PA, SP, QL (0.667u per DY)        |
| Firazyr®   | Preferred     | PA, SP                            |
| icatibant  | Preferred     | PA, SP                            |
| Ruconest®  | Preferred     | PA                                |
| Thrombocytopenic Agents                            |               |                                   |
| Doptelet®  | Preferred     | PA, SP, QL (max 3 QY per DY)      |
| Paroxysmal Nocturnal Hemoglobinuria                |               |                                   |
| Soliris®   | Preferred     | PA, SP                            |
| Platelet Aggregation Inhibitors                    |               |                                   |
| aspirin  | Preferred     | OTC                               |
| clopidogrel  | Preferred     |                                   |
| dipyridamole                                       | Preferred     |                                   |

| DRUG  | TIER          | NOTES                               |
|---|---------------|-------------------------------------|
| prasugrel   | Preferred     |                                     |
| ticagrelor  | Preferred     |                                     |
| <b>Platelet Synthesis Inhibitors</b>  |               |                                     |
| Agrylin   | Non-Preferred | PA                                  |
| Anagrelide  | Preferred     |                                     |
| <b>Miscellaneous</b>  |               |                                     |
| cilostazol  | Preferred     |                                     |
| <b>Sickle Cell Disease</b>  |               |                                     |
| Adakveo solution 100mg/10ml   | Preferred     | PA                                  |
| Droxia® 200mg, 300mg, 400mg   | Preferred     |                                     |
| Endari® pack 5 gm   | Non-Preferred | PA, QL                              |
| hydroxyurea 500mg   | Preferred     |                                     |
| L-Glutamine powder  | Preferred     | PA, QL                              |
| Siklos tabs 100mg, 1000mg   | Preferred     |                                     |
| <b>IMMUNOLOGIC AGENTS</b>   |               |                                     |
| <b>Autoimmune Agents</b>  |               |                                     |
| adalimumab 10mg/0.1ml PF, 20mg/0.2ml PF, 40mg/0.8ml PF, 40mg/40mg/0.4ml, 80mg/0.8ml | Preferred     | PA, SP, QL                          |
| adalimumab-ADAZ 40mg/0.4ml, 10mg/0.1ml PF   | Preferred     | PA, SP, QL                          |
| adalimumab-AACF inj 40m/0.8ml kit   | Preferred     | PA, SP, QL                          |
| adalimumab-AATY auto- inj40mg/0.4ml, 80mg/0.8ml                                     | Preferred     | PA,SP, QL                           |
| adalimumab-ADBM PF kit 10mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml                           | Preferred     | PA, SP, QL                          |
| adalimumab-FKJP 20/0.4ml, PSKT 20mg/0.4ml, 40mg/0.8ml                               | Preferred     | PA, SP, QL                          |
| adalimumab-ATT) PF 40mg/0.8ml, 0.4ml  | Preferred     | PA, SP, QL                          |
| adalimumab-BWWD PF 40mg/ 0.4ml, 0.8ml   | Preferred     | PA, SP, QL                          |
| adalimumab-PYVK PF 40mg/0.4ml, 80mg/0.8ml   |               |                                     |
| Avsola® injectable  | Preferred     | PA, SP, QL (Physician-Administered) |
| Cosentyx®   | Preferred     | PA, SP, QL (max 0.072 QY per DY)    |
| Enbrel®   | Preferred     | PA, SP                              |

| DRUG  | TIER          | NOTES   |
|---|---------------|---|
| Entyvio® injectable                               | Preferred     | PA, SP, QL (1 QY per 42 DS) (Physician-Administered)  |
| Hadlima syringe 40mg/0.4ml, 40mg/0.8ml            | Preferred     | PA, SP, QL, (4 syringes/pens per 28 DS)   |
| Hadlima PUSH TOUCH syringe 40mg/0.4ml, 40mg/0.8ml | Preferred     | PA, SP, QL (4 syringes/pens per 28 DS)  |
| Humira®   | Preferred     | PA, SP  |
| Imuldosa® 45mg/0.5ml, 90mg/ml, 130mg/26ml,        | Preferred     | PA, SP, QL  |
| Kevzara®  | Preferred     | PA, SP  |
| Otezla®   | Preferred     | PA, SP, QL (20mg QY 1 pk (55 tablets) per 28 DS),(30mg QY 60 per 30 DS)(10/20 pack (60 tablets per 30 DS) |
| Rinvoq® 15mg, 30mg, 45mg                          | Preferred     | PA, SP, QL (15mg&30mg 30 QY per 30 DS) (45mg 56 QY per 56 DS)   |
| Steqeyma® 130mg/26ml, 90mg/ml, 45mg/0.5ml,        | Preferred     | PA, SP, QL  |
| Skyrizi ®   | Preferred     | PA, SP, QL (75mg/0.83ml; 180mg/1.2ml, 360mg/2.4ml, 600mg/10ml, 150mg/ml) (Physician Administered)         |
| Taltz inj® 20mg, 40mg, 80mg                       | Preferred     | PA, SP, QL (1 syringe per 28 days)  |
| Velsipity® 2mg                                    | Preferred     | PA, SP, QL(30 tablets per 30 DS)  |
| <b>Disease-Modifying Agents</b>                   |               |   |
| Arava®  | Non-Preferred | PA  |
| hydroxychloroquine                                | Preferred     |   |
| leflunomide                                       | Preferred     |   |
| methotrexate                                      | Preferred     |   |
| Plaquenil®  | Non-Preferred | PA  |
| Rasuvo®   | Non-Preferred | PA, SP, QL (max 0.086mg/ml per DY)  |
| Ilaris® 150mg/ml                                  | Preferred     | PA, SP  |
| <b>Immunosuppressants</b>                         |               |   |
| Azasan®   | Preferred     |   |
| azathioprine                                      | Preferred     |   |
| Cellcept®   | Non-Preferred | PA  |
| cyclosporine 25mg, 100mg                          | Preferred     |   |

| cyclosporine modified (for microemulsion)<br>25mg, 50mg, 100mg, 100mg/ml soln | Preferred     | modified - Neoral |
|---|---------------|-------------------|
| DRUG  | TIER          | NOTES             |
| Imuran®   | Preferred     |                   |
| mycophenolate mofetil   | Preferred     |                   |
| mycophenolate sodium EC 180mg, 360mg  | Preferred     |                   |
| Neoral®   | Non-Preferred | PA                |
| Prograf®  | Non-Preferred | PA                |
| Rajamani®   | Non-Preferred | PA                |
| Sandimmune® 100mg/ml  | Non-Preferred | PA                |
| sirolimus soln 1mg/ml, 0.5mg, 1mg, 2mg  | Preferred     |                   |
| tacrolimus  | Preferred     |                   |
| NUTRITIONAL/SUPPLEMENTS   |               |                   |
| Electrolytes  |               |                   |
| potassium citra ER 540mg, 1080mg, 1620mg<br>tabs                              | Preferred     |                   |
| potassium bicarbonate effer tabs 25 mEq                                       | Preferred     |                   |
| potassium chloride ext-rel<br>8mEq,10mEq,20mEq caps, tabs                     | Preferred     |                   |
| potassium chloride liquid 10%, 20%  | Preferred     |                   |
| potassium iodide solution 1gm/ml  | Preferred     |                   |
| Vitamins & Minerals   |               |                   |
| calcium   | Preferred     | OTC               |
| calcium/vitamin D   | Preferred     | OTC               |
| Carnitine   | Preferred     | OTC               |
| Carnitor  | Preferred     | OTC               |
| cholecalciferol (Vitamin D3)  | Preferred     | OTC               |
| Coenzyme Q10 (Co-Q10)   | Preferred     |                   |
| cyanocobalamin injectable, tabs   | Preferred     |                   |
| electrolyte soln, oral  | Preferred     | OTC               |
| ergocalciferol (Vitamin D2)   | Preferred     |                   |
| Feosol®   | Non-Preferred | PA                |
| Fergon®   | Non-Preferred | PA                |
| ferrous fumarate  | Preferred     | OTC               |
| ferrous gluconate   | Preferred     | OTC               |

| ferrous sulfate                              | Preferred     | OTC                      |
|--|---------------|--------------------------|
| Fish Oil®                                    | Non-Preferred | PA                       |
| fluoride chew, soln                          | Preferred     |                          |
| DRUG   | TIER          | NOTES                    |
| folic acid                                   | Preferred     |                          |
| folic acid/vitamin B6/vitamin B12            | Preferred     | OTC & Rx                 |
| magnesium oxide                              | Preferred     | OTC                      |
| multivitamins/fluoride drops, tabs           | Preferred     | OTC                      |
| multivitamins/fluoride/iron drops, tabs      | Preferred     | OTC                      |
| Nephrocaps®                                  | Non-Preferred | PA                       |
| omega-3 fatty acids (fish oil)               | Preferred     | OTC                      |
| omega-3 fatty acids/vitamin E (fish oil)     | Preferred     | OTC                      |
| pediatric multiple vitamin w/c 50mg/ml       | Preferred     | OTC                      |
| poly-vite sol 50mg/ml                        | Preferred     |                          |
| Pedialyte®                                   | Non-Preferred | PA, OTC                  |
| potassium/sodium/phosphor powder             | Preferred     |                          |
| phytonadione                                 | Preferred     |                          |
| Prenatal MV & Min w/FA-DHA chew 0.4-25 mg    | Preferred     |                          |
| Prenatal vit w/Fe Fumarate-FA 28-1mg         | Preferred     |                          |
| Prenatal vit w/iron carbonyl-FA chew 29-1mg  | Preferred     |                          |
| Prenatal vit w/DSS-iron carbonyl-FA 90-1mg   | Preferred     |                          |
| pyridoxine 25 mg, 50 mg (Vitamin B6)         | Preferred     | OTC                      |
| vitamin ADC/fluoride drops                   | Preferred     |                          |
| vitamin ADC/fluoride/iron drops              | Preferred     |                          |
| vitamin B complex/vitamin C/folic acid       | Preferred     |                          |
| zinc gluconate                               | Preferred     | OTC                      |
| <b>RESPIRATORY</b>                           |               |                          |
| <b>Anaphylaxis Treatment Agents</b>          |               |                          |
| Epinephrine auto-inject adult                | Preferred     | QL (8 QY per 365 DS)     |
| Epinephrine auto-inject Jr.®                 | Preferred     | QL (8 QY per 365 DS)     |
| Epipen ® adult & pediatric                   | Non-Preferred | PA, QL (8 QY per 365 DS) |
| <b>Alpha-1 Antitrypsin Deficiency Agents</b> |               |                          |
| Prolastin-C®                                 | Preferred     | PA, SP                   |
| <b>Anticholinergics</b>                      |               |                          |
| ipratropium soln 0.02%                       | Preferred     | QL                       |

| ipratropium soln (nasal) soln 0.03%, 0.06%               | Preferred     |  |
|--|---------------|--|
| tiotropium monohydrate 18mcg inhal capsule               | Preferred     | QL, (25 per 30 DS)                     |
| DRUG   | TIER          | NOTES                                  |
| <b>Anticholinergic/Beta Agonist</b>                      |               |  |
| Bevespi Aero 9-4.8mcg                                    | Preferred     | QL (1 per DS)                          |
| Combivent Respimat®                                      | Preferred     | QL (2 QY per 25 DS)                    |
| ipratropium/albuterol nebulizer soln 0.5-2.5(3)mg/3ml    | Preferred     | QL (1 QY(30)/25 DS)                    |
| <b>Anticholinergic/Beta Agonist/Steroid Combinations</b> |               |  |
| Breo Ellipta®  | Non-Preferred | QL (60 QY per 25 DS)                   |
| fluticasone/vilanterol aero                              | Preferred     | QL (60 QY per 25 DS)                   |
| <b>Antihistamines, Low Sedating</b>                      |               |  |
| cetirizine   | Preferred     | OTC & Rx, AL (chewable tab for <12yrs) |
| Zyrtec®  | Non-Preferred | PA                                     |
| <b>Antihistamines, Nonsedating</b>                       |               |  |
| Allegra®   | Non-Preferred | PA, OTC                                |
| Claritin®  | Non-Preferred | PA, OTC                                |
| fexofenadine   | Preferred     | OTC                                    |
| loratadine   | Preferred     | OTC                                    |
| <b>Antihistamines, Sedating</b>                          |               |  |
| Benadryl®  | Non-Preferred | PA, OTC & Rx                           |
| chlorpheniramine   | Preferred     | OTC                                    |
| chlorpheniramine ext-rel                                 | Preferred     | OTC                                    |
| clemastine   | Preferred     | OTC & Rx                               |
| cyproheptadine   | Preferred     |  |
| diphenhydramine  | Preferred     | OTC & Rx                               |
| hydroxyzine HCl  | Preferred     |  |
| hydroxyzine pamoate                                      | Preferred     |  |
| Vistaril   | Non-Preferred | PA                                     |
| <b>Antihistamine/Decongestant Combinations</b>           |               |  |
| Allegra-D®   | Non-Preferred | PA, OTC                                |
| cetirizine/pseudoephedrine ext-rel                       | Preferred     | OTC                                    |
| Claritin-D®  | Non-Preferred | PA, OTC                                |
| fexofenadine/pseudoephedrine ext-rel                     | Preferred     | OTC                                    |
| loratadine/pseudoephedrine ext-rel                       | Preferred     | OTC                                    |

|  |               |                          |
|--|---------------|--------------------------|
| promethazine/phenylephrine                             | Preferred     | OTC                      |
| triprolidine/pseudoephedrine liq, syp                  | Preferred     | OTC                      |
| Zyrtec-D® 12 Hour                                      | Non-Preferred | PA, OTC                  |
| <b>DRUG</b>  | <b>TIER</b>   | <b>NOTES</b>             |
| <b>Antitussives</b>                                    |               |                          |
| benzonatate  | Preferred     |                          |
| Tessalon®  | Non-Preferred | PA                       |
| <b>Antitussive Combinations</b>                        |               |                          |
| guaifenesin-codeine 100mg/10ml liq                     | Preferred     | QL (60ml QY per DS)      |
| codeine/guaifenesin 200mg-20mg liq                     | Preferred     | QL (60ml per DS)         |
| pseudoephedrine/codeine-GG syrup                       | Preferred     | QL (40ml QY per DS)      |
| pseudoephedrine/codeine-GG solution                    | Preferred     | QL (40ml QY per DS)      |
| codeine/promethazine syrup 6.25-15mg/5ml               | Preferred     | QL (30ml QY per DS)      |
| dextromethorphan/brompheniramine<br>/pseudoephedrine   | Preferred     |                          |
| dextromethorphan/guaifenesin ext-rel                   | Preferred     | OTC                      |
| dextromethorphan/guaifenesin liq, soln,                | Preferred     | OTC                      |
| dextromethorphan/guaifenesin/<br>pseudoephedrine syrup | Preferred     | OTC                      |
| dextromethorphan/promethazine<br>6.25-15mg/5ml         | Preferred     |                          |
| hydrocodone/homatropine tablets                        | Preferred     | QL (6 QY per DY)         |
| hydrocodone/homatropine syrup                          | Preferred     | QL (30ml QY per DY)      |
| <b>Non-opioid</b>                                      |               |                          |
| Mucinex DM® tab 30-600mg ER                            | Preferred     | OTC                      |
| Mucinex tablet 1200mg                                  | Preferred     | OTC                      |
| Mucinex tablet 60-1200mg                               | Preferred     | OTC                      |
| <b>Beta Agonists</b>                                   |               |                          |
| albuterol oral   | Preferred     |                          |
| albuterol ext-rel                                      | Preferred     |                          |
| albuterol inhalation soln                              | Preferred     | QL (2 QY per month)      |
| albuterol sulfate, CFC-free aerosol                    | Preferred     | QL (2 QY per month)      |
| Proair®  | Preferred     | QL (2 QY per month)      |
| Striverdi Respimat®                                    | Preferred     | QL (17 QY per 25 DY)     |
| terbutaline oral                                       | Preferred     |                          |
| Ventolin HFA®  | Non-Preferred | PA, QL (2 QY per month)  |
| <b>Cystic Fibrosis</b>                                 |               |                          |
| Bethkis®   | Non-Preferred | PA, SP, QL (2 QY per DY) |

| Kalydeco Pak®25mg, 50mg, 75mg, 150mg                    | Preferred     | PA, SP, QL (2 QY per DY)     |
|---|---------------|------------------------------|
| Kitabis®  | Non-Preferred | PA, SP, QL (2 QY per DY)     |
| Pulmozyme® inhal soln                                   | Preferred     | PA, SP, QL (5 QY per DY)     |
| DRUG  | TIER          | NOTES                        |
| Orkambi® tabs   | Preferred     | PA, SP, QL (max 4 QY per DY) |
| Symdeko® tabs   | Preferred     | PA, SP, QL (2 QY per DY)     |
| Tobi® inhalation  | Non-Preferred | PA, SP, QL ( QY per DY)      |
| Trikafta® tabs  | Non-Preferred | PA, SP, QL (2 QY per DY)     |
| tobramycin inhal soln                                   | Preferred     | PA, SP, QL (2 QY per DY)     |
| <b>Decongestants</b>                                    |               |                              |
| pseudoephedrine   | Preferred     | OTC                          |
| Sudafed®  | Non-Preferred | PA, OTC                      |
| <b>Decongestant/Expectorant Combinations</b>            |               |                              |
| Mucinex DM®   | -Preferred    | OTC                          |
| pseudoephedrine/guaifenesin ext-rel                     | Preferred     | OTC                          |
| pseudoephedrine/guaifenesin syrup 30 mg/<br>100 mg/5 mL | Preferred     | OTC                          |
| <b>Expectorants</b>                                     |               |                              |
| Diabetic Tussin®  | Non-Preferred | PA,OTC                       |
| guaifenesin ext-rel                                     | Preferred     | OTC                          |
| guaifenesin liq, syp, tabs                              | Preferred     | OTC                          |
| Mucinex®  | Preferred     | OTC                          |
| <b>Leukotriene Receptor Antagonists</b>                 |               |                              |
| montelukast   | Preferred     |                              |
| Singulair®  | Non-Preferred | PA                           |
| <b>Mast Cell Stabilizers</b>                            |               |                              |
| cromolyn sodium nasal spray                             | Preferred     | OTC                          |
| cromolyn soln for inhalation                            | Preferred     |                              |
| Nasal crom®   | Non-Preferred | PA                           |
| <b>Medical Supplies</b>                                 |               |                              |
| aerochamber   | Preferred     |                              |
| blood pressure monitoring device                        | Preferred     |                              |

| mask                                     | Preferred     | OTC  |
|--|---------------|--|
| nebulizer                                | Preferred     | OTC  |
| sodium chloride for inhalation           | Preferred     |  |
| DRUG                                     | TIER          | NOTES  |
| spacer                                   | Preferred     | OTC, QL (2 QY per 365 DY)                                |
| vaporizer                                | Preferred     | OTC  |
| <b>Nasal Antihistamines</b>              |               |  |
| azelastine spray                         | Preferred     | QL (2 QY per 25 DS)                                      |
| <b>Nasal Steroids</b>                    |               |  |
| budesonide spray                         | Preferred     | OTC  |
| Flonase® Allergy Relief                  | Non-Preferred | PA   |
| flunisolide spray                        | Preferred     | QL (1 QY per 25 DS)                                      |
| fluticasone spray                        | Preferred     | OTC  |
| fluticasone HFA aerosol                  | Preferred     | QL (QY 2 per 25 DS)                                      |
| fluticasone/vilanterol inhaler           | Preferred     | QL 100-25/200-25 (1 QY per 25 DS)                        |
| triamcinolone acetonide spray            | Preferred     | OTC  |
| <b>Pulmonary Fibrosis Agents</b>         |               |  |
| Esbriet®                                 | Non-Preferred | PA, SP, QL   |
| pirfenidone caps                         | Preferred     | PA, SP, QL   |
| <b>Respiratory Syncytial Virus</b>       |               |  |
| Synagis®                                 | Preferred     | PA, SP   |
| <b>Severe Asthma Agents</b>              |               |  |
| Fasenra® inj 10mg/0.5ml, 30mg/ml         | Preferred     | PA, SP, QL   |
| Xolair® 75mg,150mg, 300mg                | Preferred     | PA, SP, QL   |
| <b>Steroid/Beta Agonist Combinations</b> |               |  |
| fluticasone/vilanterol inhaler           | Preferred     | QL (1 QY per 25 DS)                                      |
| <b>Steroid Inhalants</b>                 |               |  |
| Alvesco®                                 | Preferred     | QL (80/18.3gm QY per 25 DS)<br>(160/12.2gm QY per 25 DS) |

| budesonide inh susp   | Preferred     | QL (0.25 mg: 180 QY per 25 DS, 0.5mg: 120 QY per 25 DS, 1 mg: 60 QY)                |
|---|---------------|---|
| DRUG  | TIER          | NOTES   |
| fluticasone propionate HFA aero 44mcg/act, 110mcg/act, 220mcg/act | Preferred     | QL (2 per 25 DS)  |
| Flovent inhaler 44mcg, 110mcg, 220mcg                             | Preferred     | QL (2 per 25 DS)  |
| Pulmicort Respules®   | Non-Preferred | PA, QL (0.25 mg: 180 QY per 25 DS, 0.5 mg: 120 QY per 25 DS, 1 mg: 60 QY per 25 DS) |
| Qvar Redihaler® 40mcg, 80mcg                                      | Preferred     | QL (2 packs (10.6 gm each)/per 25 days)   |
| <b>Xanthines</b>  |               |   |
| Elixophyllin®   | Non-Preferred | PA  |
| theophylline ext-rel tabs   | Preferred     |   |
| theophylline liquid   | Preferred     |   |
| <b>Miscellaneous</b>  |               |   |
| ipratropium nasal spray   | Preferred     |   |
| Ocean® nasal spray  | Non-Preferred | PA, OTC   |
| sodium chloride nasal spray                                       | Preferred     | OTC   |
| <b>TOPICAL</b>  |               |   |
| <b>Dermatology</b>  |               |   |
| Abreva®   | Non-Preferred | PA, QL (120 QY per 25 DS)   |
| A & D ointment  | Preferred     |   |
| alclometasone crm, oint 0.05%                                     | Preferred     |   |
| Aldara®   | Non-Preferred | PA  |
| ammonium lactate 12%  | Preferred     | OTC   |
| bacitracin  | Preferred     | OTC   |
| bacitracin zinc oint  | Preferred     | OTC   |
| bacitracin/polymyxin B  | Preferred     | OTC   |
| Bactine®  | Non-Preferred | PA  |
| Bactroban®  | Non-Preferred | PA  |
| Benzamycin®   | Non-Preferred | PA  |
| benzoyl peroxide-erythromycin gel 5-3%                            | Preferred     | QL (47 gm per 25 DS)  |
| benzoyl peroxide cream 10%  | Preferred     | OTC   |
| benzoyl peroxide gel 2.5%, 5%, 10%                                | Preferred     | OTC   |

| benzoyl peroxide liquid 2.5%, 4%, 5%, 10%            | Preferred     | OTC                                |
|--|---------------|------------------------------------|
| benzoyl peroxide gel 8%                              | Preferred     | RX                                 |
| Betadine®  | Non-Preferred | PA                                 |
| DRUG   | TIER          | NOTES                              |
| betamethasone dipropionate augmented 0.05% crm       | Preferred     | QL (120 QY per 25 DS)              |
| betamethasone dipropionate augmented 0.05% lotion    | Preferred     | QL (120 QY per 25 DS)              |
| betamethasone dipropionate crm, lotion 0.1%          | Preferred     | QL (120 QY per 25 DS)              |
| betamethasone dipropionate augmented gel, oint 0.05% | Preferred     |                                    |
| betamethasone valerate crm, lotion, oint             | Preferred     | QL (120 QY per 25 DS)              |
| Bryhali®   | Preferred     | ST, QL(120 QY per 25 DS)           |
| calamine lotion                                      | Preferred     | OTC                                |
| calcipotriene oint, soln 0.005%                      | Preferred     | ST, QL (120 QY per 25 DS)          |
| Capsaicin®   | Non-Preferred | PA, OTC                            |
| Capsaicin Gel Relief®                                | Non-Preferred | PA, OTC                            |
| Capsaicin HP®  | Non-Preferred | PA, OTC                            |
| capsaicin crm  | Preferred     | OTC                                |
| capsaicin crm  | Preferred     | OTC (QL 120 gm per 25 DS)          |
| capsaicin liq  | Preferred     | OTC                                |
| capsaicin lotion                                     | Preferred     | OTC                                |
| capsaicin/menthol gel                                | Preferred     | OTC                                |
| Castiva®   | Non-Preferred | PA                                 |
| ciclopirox gel, sham, crm, susp,                     | Preferred     | QL (120 QY per 25 DS)              |
| Cleocin T®   | Non-Preferred | PA                                 |
| clindamycin gel 1%, lotion 1%, soln 1%               | Preferred     | QL                                 |
| clobetasol propionate gel, oint 0.05%                | Preferred     | QL (120 QY per 25 DS)              |
| clobetasol propionate cream                          | Preferred     | QL (120 grams or 120 mL per 25 DS) |
| clobetasol propionate foam 0.05%                     | Preferred     | QL(120 QY per 25 DS)               |
| clobetasol propionate soln 0.05%                     | Preferred     | QL(120 QY per 25 DS)               |
| Clotrimazole   | Preferred     |                                    |
| Condylox®  | Non-Preferred | PA                                 |
| Cortizone-10® lotion, cream, gel,                    | Preferred     | OTC                                |
| Cutivate®  | Non-Preferred | PA                                 |
| desonide crm, lotion, oint 0.05%                     | Preferred     |                                    |

| Desowen®  | Non-Preferred | PA                                     |
|---|---------------|--|
| desoximetasone crm 0.05%                                  | Preferred     | QL (120 QY per 25 DS)                  |
| desoximetasone crm, oint 0.25%, gel                       | Preferred     | QL (120 QY per 25 DS)                  |
| Diprolene®  | Non-Preferred | PA                                     |
| DRUG  | TIER          | NOTES                                  |
| Diprolene AF®   | Non-Preferred | PA                                     |
| docosanol cream 10%                                       | Preferred     |  |
| Dupixent syringes/pens 300mg/2ml, 200mg/1.14ml, 200mg/2ml | Preferred     | PA, SP, QL (4 syringes/pens per 28 DS) |
| Efudex®   | Non-Preferred | PA                                     |
| Elocon®   | Non-Preferred | PA                                     |
| emollient ointment  | Preferred     | Aquaphor, Cerave, Eucerin/generics     |
| erythromycin 2% gel, soln                                 | Preferred     |  |
| erythromycin/benzoyl peroxide 3-5%                        | Preferred     |  |
| fluocinolone acetonide crm, oint 0.025%                   | Preferred     |  |
| fluocinolone acetonide soln 0.01%                         | Preferred     | QL (120 QY per 25 DS)                  |
| fluocinonide crm, gel, oint 0.05%                         | Preferred     | QL (120 QY per 25 DS)                  |
| fluocinonide soln 0.05%                                   | Preferred     | QL (120 QY per 25 DS)                  |
| fluorouracil crm 5%                                       | Preferred     |  |
| fluticasone propionate crm 0.05%, oint                    | Preferred     | QL (120 QY per 25 DS)                  |
| gentamicin 0.1% crm, oint                                 | Preferred     | QL (120 grams per 25 DS)               |
| halobetasol propionate crm, oint 0.05%                    | Preferred     | QL (120 QY per 25 DS)                  |
| hydrocortisone butyrate crm, oint 0.1%                    | Preferred     | QL (120 QY per 25 DS)                  |
| hydrocortisone butyrate soln 0.1%                         | Preferred     |  |
| hydrocortisone/aloe vera crm 0.5%, 1%                     | Preferred     | OTC                                    |
| hydrocortisone crm, gel, lotion, oint, soln               | Preferred     | OTC                                    |
| hydrocortisone crm, lotion, oint 2.5%                     | Preferred     | QL                                     |
| hydrocortisone oint 0.5%                                  | Preferred     | OTC                                    |
| Imiquimod   | Preferred     |  |
| isotretinoin  | Preferred     | PA                                     |
| ivermectin lotion 0.5%, tabs                              | Preferred     |  |
| ketoconazole crm 2%                                       | Preferred     | QL (120gm per 25 DS)                   |
| ketoconazole shampoo 2%                                   | Preferred     | QL (120 mL per 25 DS)                  |
| Klaron®   | Non-Preferred | PA                                     |
| Lac-Hydrin®   | Non-Preferred | PA                                     |
| Lidoderm patch®   | Non-Preferred | PA, QL (30 per 25 DS)                  |

| lidocaine patch 4%                | Preferred     | PA, QL (30 QY per 25 DS)    |
|-----------------------------------|---------------|-----------------------------|
| lidocaine patch 5%                | Preferred     | PA, QL (90 QY per 25 DS)    |
| lidocaine/benzalkonium chloride   | Preferred     | OTC                         |
| DRUG                              | TIER          | NOTES                       |
| lidocaine/prilocaine kit          | Preferred     |                             |
| lidocaine/prilocaine crm 2.5-2,5% | Preferred     | QL( 30gm QY per 25 DS)      |
| Locoid®                           | Non-Preferred | PA                          |
| Loprox®                           | Non-Preferred | PA                          |
| Malathion                         | Preferred     | ST                          |
| Metrocream®                       | Non-Preferred | PA                          |
| Metrogel®                         | Non-Preferred | PA                          |
| metronidazole crm 0.75%           | Preferred     | QL (60 grams per 25 DS)     |
| metronidazole gel 0.75%           | Preferred     | QL (60 grams per 25 DS)     |
| metronidazole gel 1%              | Preferred     | ST, QL (60 grams per 25 DS) |
| metronidazole lotion 0.75%        | Preferred     | QL (60 mL per 25 DS)        |
| Micatin®                          | Non-Preferred | PA                          |
| miconazole                        | Preferred     | OTC                         |
| mometasone crm, lotion, oint 0.1% | Preferred     | QL (30 QY per 25 DS)        |
| mupirocin oint 2%                 | Preferred     | QL (30 grams per 25 DS)     |
| Natroba®                          | Non-Preferred | PA, ST                      |
| neomycin/bacitracin/polymyxin B   | Preferred     | OTC                         |
| Neosporin®                        | Non-Preferred | PA, OTC                     |
| Nizoral Shampoo®                  | Non-Preferred | PA                          |
| nystatin powder, oint, crm,       | Preferred     | QL (120 GM per 25 DS)       |
| Olux®                             | Non-Preferred | PA                          |
| Ovide®                            | Preferred     | ST                          |
| permethrin                        | Preferred     | OTC                         |
| podofilox soln                    | Preferred     |                             |
| Polysporin®                       | Non-Preferred | PA, OTC                     |
| povidone/iodine                   | Preferred     | OTC                         |
| Protopic®                         | Non-Preferred | PA, ST                      |
| Retin-A®                          | Non-Preferred | PA                          |
| selenium sulfide shampoo 1%       | Preferred     | OTC                         |
| selenium sulfide shampoo 2.5%     | Preferred     |                             |
| Selsun Blue®                      | Non-Preferred | PA                          |
| Silvadene®                        | Non-Preferred | P:A                         |

| silver sulfadiazine                       | Preferred     |                        |
|---|---------------|------------------------|
| spinosad                                  | Preferred     | ST                     |
| sulfacetamide lotion 10%                  | Preferred     |                        |
| tacrolimus ointment 0.1%, 0.03%           | Preferred     | ST                     |
| DRUG                                      | TIER          | NOTES                  |
| Temovate®                                 | Non-Preferred | PA                     |
| Tinactin®                                 | Non-Preferred | PA                     |
| Tolak                                     | Preferred     |                        |
| Tolnaftate                                | Preferred     | OTC                    |
| Topicort®                                 | Non-Preferred | PA                     |
| tretinoin cream, gel                      | Preferred     | PA                     |
| triamcinolone acetonide crm, lotion, oint | Preferred     | QL (120gm QY per 25DS) |
| Ultravate®                                | Non-Preferred | PA                     |
| <b>Mouth/Throat/Dental Agents</b>         |               |                        |
| chlorhexidine                             | Preferred     |                        |
| clotrimazole troche 10mg                  | Preferred     | QL (90 QY per 25 DS)   |
| lidocaine viscous 2% soln                 | Preferred     |                        |
| Peridex®                                  | Non-Preferred | PA                     |
| Prevident®                                | Non-Preferred | PA                     |
| sodium fluoride chew, gel, drop           | Preferred     |                        |
| triamcinolone paste                       | Preferred     |                        |
| <b>Ophthalmic</b>                         |               |                        |
| Acular®                                   | Non-Preferred | PA                     |
| Acular LS®                                | Non-Preferred | PA                     |
| Alphagan P®                               | Non-Preferred | PA                     |
| Artificial Tears®                         | Non-Preferred | PA                     |
| artificial tears oint, soln               | Preferred     | OTC                    |
| atropine                                  | Preferred     |                        |
| azelastine drops                          | Preferred     |                        |
| bacitracin                                | Preferred     |                        |
| Betagan®                                  | Non-Preferred | PA                     |
| betaxolol 0.5%                            | Preferred     |                        |
| Bleph-10®                                 | Non-Preferred | PA                     |
| brimonidine 0.15%                         | Preferred     |                        |
| brimonidine 0.2%                          | Preferred     |                        |
| Ciloxan®                                  | Non-Preferred | PA                     |
| Ciprodex®                                 | Non-Preferred | PA                     |
| ciprofloxacin soln                        | Preferred     |                        |

| Cortisporin otic®                   | Non-Preferred | PA  |
|-------------------------------------|---------------|---|
| Cosopt®                             | Non-Preferred | PA  |
| cromolyn sodium                     | Preferred     |   |
| DRUG                                | TIER          | NOTES   |
| cyclosporine emulsion 0.05%         | Preferred     | PA, QL (60 vials per 25 days, 1 multi-dose btl (5.5ml) per 21 days, 180 vials per 75 days, 3 multi-dose btl (16.5ml)/63 days) |
| dexamethasone sodium phosphate      | Preferred     |   |
| diclofenac sodium                   | Preferred     |   |
| dorzolamide                         | Preferred     |   |
| dorzolamide/timolol maleate         | Preferred     |   |
| erythromycin oint 5mg/gm            | Preferred     |   |
| gentamicin 0.3% solution            | Preferred     | QL (20ml per 25 DS)   |
| fluorometholone 0.1% susp           | Preferred     |   |
| FML Liquifilm®                      | Non-Preferred | PA  |
| ketorolac 0.4%                      | Preferred     |   |
| ketorolac 0.5%                      | Preferred     |   |
| ketotifen                           | Preferred     | OTC   |
| latanoprost                         | Preferred     |   |
| levobunolol                         | Preferred     |   |
| levofloxacin                        | Preferred     |   |
| Maxitrol®                           | Non-Preferred | PA  |
| metipranolol                        | Preferred     |   |
| Natacyn®                            | Preferred     |   |
| neomycin/polymyxin                  | Preferred     |   |
| neomycin/polymyxin B/dexamethasone  | Preferred     |   |
| neomycin/polymyxin B/gramicidin     | Preferred     |   |
| neomycin/polymyxin B/hydrocortisone | Preferred     |   |
| Neosporin®                          | Non-Preferred | PA  |
| Ocuflox®                            | Non-Preferred | PA  |
| ofloxacin                           | Preferred     |   |
| polymyxin B/bacitracin              | Preferred     |   |
| polymyxin B/trimethoprim            | Preferred     |   |
| Polytrim®                           | Non-Preferred | PA  |
| Pred Forte®                         | Non-Preferred | PA  |
| prednisolone acetate 1%             | Preferred     |   |

|                                      |               |    |
|--------------------------------------|---------------|----|
| prednisolone phosphate 1%            | Preferred     |    |
| sulfacetamide soln 10%               | Preferred     |    |
| sulfacetamide/prednisolone phosphate | Preferred     |    |
| timolol maleate                      | Preferred     |    |
| timolol maleate gel                  | Preferred     |    |
| Timoptic®                            | Non-Preferred | PA |
| Timoptic-XE®                         | Non-Preferred | PA |
| Tobradex®                            | Non-Preferred | PA |
| tobramycin soln                      | Preferred     |    |
| tobramycin/dexamethasone susp        | Preferred     |    |
| Tobrex®                              | Non-Preferred | PA |
| trifluridine                         | Preferred     |    |
| Trusopt®                             | Non-Preferred | PA |
| Xalatan®                             | Non-Preferred | PA |
| Zaditor®                             | Non-Preferred | PA |
| <b>OTIC</b>                          |               |    |
| acetic acid                          | Preferred     |    |
| Ciprodex                             | Non-Preferred | PA |
| ciprofloxacin/dexamethasone          | Preferred     |    |
| neomycin/polymyxin B/hydrocortisone  | Preferred     |    |
| ofloxacin                            | Preferred     |    |
| <b>VAGINAL</b>                       |               |    |
| acetic acid solution                 | Preferred     |    |
| clotrimazole                         | Preferred     |    |
| miconazole                           | Preferred     |    |