



THE HSC HEALTH CARE SYSTEM

Health Services for Children  
with Special Needs, Inc.

# Health Services for Children with Special Needs (HSCSN)

## Drug Formulary

(List of Covered Drugs)

Effective 07/01/2024

[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 physicians, 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
<b>ANALGESICS</b>		
<b>Analgesics, Other</b>		
acetaminophen tab, elixir, supp, chew, cap	Preferred	OTC
acetaminophen supp	Preferred	OTC
Advil®	Non-Preferred	OTC
Aleve®	Non-Preferred	OTC
ibuprofen	Preferred	OTC & Rx
Tylenol®	Non-Preferred	OTC
<b>NSAIDs</b>		
Daypro®	Non-Preferred	
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	
nabumetone	Preferred	
Naprosyn®	Non-Preferred	
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	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	QL (60 QY per 25 DS, 120 QY 25 DS)



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

DRUG	TIER	NOTES
Ultram ER ®	Non-Preferred	QL Subject to initial 7-days limit
<b>Viscosupplements</b>		
Gel-one®	Preferred	PA
Visco-3®	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	
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	
ciprofloxacin tab	Preferred	
clarithromycin	Preferred	
dicloxacillin caps	Preferred	
Dificid susp, tabs	Preferred	PA
doxycycline hyclate tabs, caps	Preferred	
doxycycline monohydrate	Preferred	
E.E.S.®	Non-Preferred	
erythromycin base tabs	Preferred	
erythromycin ethylsuccinate	Preferred	
erythromycin stearate tabs	Preferred	
Keflex®	Non-Preferred	
levofloxacin	Preferred	
Minocin®	Non-Preferred	
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	
Zerbaxa® inj 1.5gm	Preferred	PA (only available as brand)
Zithromax®	Non-Preferred	
<b>Antifungals</b>		
clotrimazole troches 10mg	Preferred	QL Initial Limit: (90 QY per 25 DS)
Diflucan®	Non-Preferred	
fluconazole	Preferred	
griseofulvin microsize susp	Preferred	
griseofulvin ultramicrosize	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	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	
pyrazinamide	Preferred	
Rifadin®	Non-Preferred	
rifampin	Preferred	
<b>Antivirals</b>		
acyclovir caps, susp, tabs	Preferred	
adefovir dipivoxil	Preferred	

DRUG	TIER	NOTES
Baraclude® tabs/ soln	Non-Preferred	
entecavir tabs/soln	Preferred	
Difucid® susp, tabs	Preferred	PA
Epivir-HBV®	Non-Preferred	
famciclovir	Preferred	
chloroquine	Preferred	QL (QY 8 per 180 DS)
Malarone®	Non-Preferred	QL (QY 23 per 180 DS)
mefloquine	Preferred	QL (QY 8 per 180 DS)
Hepsera®	Non-Preferred	
lamivudine	Preferred	
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
ribavirin 200 mg caps/tabs	Preferred	PA, SP
Tamiflu®	Non-Preferred	QL (20 per 90 DS)
valacyclovir	Preferred	QL (4 per DY)
Valcyte®	Non-Preferred	QL (4 per DY)
valganciclovir	Preferred	
Valtrex®	Non-Preferred	
Zovirax®	Non-Preferred	
<b>Miscellaneous</b>		
atovaquone	Preferred	
Cleocin®	Non-Preferred	
clindamycin	Preferred	
dapsone	Preferred	
Daraprim®	Non-Preferred	
Flagyl®	Non-Preferred	
Furadantin®	Non-Preferred	
ivermectin lotion 0.5%	Preferred	
linezolid 600mg tab, 100mg susp	Preferred	PA
linezolid inj 2mg	Preferred	PA
Macrobid®	Non-Preferred	
Macrodantin®	Non-Preferred	
Mepron®	Non-Preferred	
metronidazole	Preferred	
Mycobutin®	Non-Preferred	
nitrofurantoin monohydrate	Preferred	

DRUG	TIER	NOTES
nitrofurantoin macrocrystals	Preferred	
nitrofurantoin susp 25mg/5ml	Preferred	
pyrantel - Reese's Pinworm Medicine	Preferred	OTC
pyrimethamine	Preferred	
rifabutin	Preferred	
Stromectol®	Non-Preferred	
trimethoprim	Preferred	
Vancocin®	Non-Preferred	QL (QY 80 per 10 DS)
vancomycin	Preferred	QL (QY 80 per 10 DS)
Xifaxan ®	Non-Preferred	PA
Zyvox®	Non-Preferred	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>Alkylating Agents</b>		
Alkeran®	Non-Preferred	
busulfan 2mg	Preferred	
chlorambucil 2mg	Preferred	
cyclophosphamide caps	Preferred	
Gleostine®	Preferred	
Leukeran®	Non-Preferred	
melphalan	Preferred	
Myleran®	Preferred	
Temodar®	Non-Preferred	PA, SP
temozolomide	Preferred	PA, SP
<b>Antimetabolites</b>		
capecitabine	Preferred	PA, SP
Kanjinti inj, soln	Preferred	PA, SP
Methotrexate tabs, auto-inj	Preferred	
mercaptopurine	Preferred	
Mvasi inj	Preferred	PA, SP
Trexall®	Preferred	
Zirabev inj	Preferred	PA, SP
Xeloda	Non-Preferred	PA, SP
<b>Hormonal Antineoplastic Agents</b>		
abiraterone	Preferred	
anastrozole	Preferred	
Arimidex®	Non-Preferred	
Aromasin®	Non-Preferred	

DRUG	TIER	NOTES
bicalutamide	Preferred	
Eligard®	Preferred	PA, SP
exemestane	Preferred	
flutamide	Preferred	
fulvestrant	Preferred	PA, SP
Femara®	Non-Preferred	
Fareston®	Non-Preferred	
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>		
Revlimid®	Preferred	PA, SP
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)
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)
Inlyta®	Preferred	PA, SP, QL (5mg, 4 per DY) (1mg, 8 per DY)
Jakafi®	Preferred	PA, SP, QL (2 per DY)
Kanjinti 150mg, 420mg	Preferred	PA
lapatinib tablets	Preferred	PA, QL (250mg, 6 per DY)
Lenvima® cap therapy pak	Preferred	PA, SP, QL(10mg, 4mg 1 per DY) (8mg, 14mg, 20mg, 2 per DY)(12mg, 18mg, 24mg 3 per DY)
Lorbrena®	Preferred	PA, SP, QL (100mg, 1 Per DY)(25mg 3 Per DY)
Mekinist®	Preferred	PA, SP, QL (2mg, 1per DY)(0.5mg 3 per DY)(0.05mg/ml 38.572 per DY)

DRUG	TIER	NOTES
Mvasi® solution 100mg/4ml, 400mg/16ml	Preferred	PA
Rozlytrek®	Preferred	PA, SP, QL (200mg, 2 per DY) (100mg, 1 per DY)
Rydapt capsule	Preferred	PA, QL (8 per DY)
Sprycel®	Preferred	PA, SP, QL (20mg, 90 QY per 30 DS; 50mg,70mg,80mg, 140mg, 30 QY per 30 DS)
sunitinib capsule	Preferred	PA,SP, QL (1 per DY)
Stivarga®	Preferred	PA, SP, QL (3 per DY)
Tafinlar®	Preferred	PA, SP, QL (50mg,75mg, 4 per DY) (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)
Zelboraf®	Preferred	PA, SP, QL (8 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
imatinib tablets	Preferred	PA, QL (400mg 2 per DY)(100mg 4 per DY)
<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)
Droxia®	Preferred	
hydroxyurea	Preferred	
Idhifa®	Non-Preferred	PA, SP
leucovorin	Preferred	
Lynparza®	Preferred	
Lysodren®	Preferred	PA, SP
Matulane®	Preferred	



DRUG	TIER	NOTES
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	
Wilfin®	Preferred	PA, SP, QL (240 tablets per 30 DS)
Zejula®	Preferred	PA, SP, QL (30 tablets per 30 DS)
Zolinza®	Preferred	PA, SP

### CARDIOVASCULAR

#### Ace Inhibitors

Accupril®	Non-Preferred	
Altace®	Non-Preferred	
benazepril	Preferred	
captopril	Preferred	
enalapril	Preferred	
fosinopril	Preferred	
lisinopril	Preferred	
Lotensin®	Non-Preferred	
quinapril	Preferred	
ramipril	Preferred	
trandolapril	Preferred	
Vasotec®	Non-Preferred	
Zestril®	Non-Preferred	

#### Ace Inhibitor/Calcium Channel Blocker

amlodipine/benazepril	Preferred	
Lotrel®	Non-Preferred	

#### Ace Inhibitor/Diuretic Combinations

Accuretic®	Non-Preferred	
benazepril/hydrochlorothiazide	Preferred	
enalapril/hydrochlorothiazide	Preferred	
fosinopril/hydrochlorothiazide	Preferred	
lisinopril/hydrochlorothiazide	Preferred	
Lotensin HCT®	Non-Preferred	
quinapril/hydrochlorothiazide	Preferred	
Vaseretic®	Non-Preferred	



DRUG	TIER	NOTES
Zestoretic®	Non-Preferred	
<b>Adrenolytics, Central</b>		
Catapres®	Non-Preferred	
clonidine	Preferred	
Catapres-TTS®	Non-Preferred	
clonidine transdermal	Preferred	
guanfacine	Preferred	
<b>Aldosterone Receptor Antagonists</b>		
Aldactone®	Non-Preferred	
eplerenone	Preferred	
Inspra®	Non-Preferred	
spironolactone	Preferred	
<b>Alpha Blockers</b>		
Cardura®	Non-Preferred	
doxazosin	Preferred	
Minipress®	Non-Preferred	
prazosin	Preferred	
terazosin	Preferred	
<b>Angiotensin II Receptor Antagonists/Diuretic Combinations</b>		
Avalide®	Non-Preferred	
Avapro®	Non-Preferred	
Cozaar®	Non-Preferred	
Diovan®	Non-Preferred	
Diovan HTC®	Non-Preferred	
Hyzaar®	Non-Preferred	
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	
disopyramide	Preferred	
dofetilide	Preferred	PA

DRUG	TIER	NOTES
flecainide	Preferred	
Norpace®	Non-Preferred	
Norpace CR®	Non-Preferred	
propafenone	Preferred	
propafenone ext-rel	Preferred	
Rythmol SR®	Non-Preferred	
sotalol	Preferred	
Tikosyn®	Non-Preferred	PA
<b>Antilipemic</b>		
atorvastatin	Preferred	
Crestor®	Non-Preferred	
cholestyramine	Preferred	
Colestid®	Non-Preferred	
colestipol	Preferred	
ezetimibe	Preferred	
fenofibrate	Preferred	
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	
Lopid®	Non-Preferred	
lovastatin	Preferred	
niacin ext-rel	Preferred	
Niaspan®	Non-Preferred	
Pravachol®	Non-Preferred	
pravastatin	Preferred	
rosuvastatin	Preferred	
Questran/Questran Light®	Non-Preferred	
Repatha®	Preferred	SP, QL (0.108 ml per DY)
simvastatin	Preferred	
Tricor®	Non-Preferred	
Vascepa®	Preferred	
Zetia®	Non-Preferred	
Zocor®	Non-Preferred	
<b>Beta-Blockers</b>		
acebutolol	Preferred	

DRUG	TIER	NOTES
atenolol	Preferred	
bisoprolol	Preferred	
carvedilol	Preferred	
Coreg®	Non-Preferred	
Corgard®	Non-Preferred	
Inderal LA®	Non-Preferred	
labetalol	Preferred	
Lopressor®	Non-Preferred	
metoprolol succinate ext-rel	Preferred	
nadolol	Preferred	
pindolol	Preferred	
propranolol	Preferred	
propranolol ext-rel	Preferred	
Sectral®	Non-Preferred	
Tenormin®	Non-Preferred	
timolol	Preferred	
Toprol-XL®	Non-Preferred	
<b>Beta-Blocker/Diuretic Combinations</b>		
atenolol/chlorthalidone	Preferred	
bisoprolol/hydrochlorothiazide	Preferred	
Lopressor HCT®	Non-Preferred	
metoprolol/hydrochlorothiazide	Preferred	
Tenoretic®	Non-Preferred	
Ziac®	Non-Preferred	
<b>Calcium Channel Blockers</b>		
Adalat CC®	Non-Preferred	
amlodipine	Preferred	
Calan SR®	Non-Preferred	
Cardizem®	Non-Preferred	
Cardizem CD®	Non-Preferred	
Cardizem LA®	Non-Preferred	
diltiazem	Preferred	
diltiazem ext-rel	Preferred	
diltiazem ext-rel, except 120 mg	Preferred	
felodipine ext-rel	Preferred	
nifedipine ext-rel	Preferred	
Norvasc®	Non-Preferred	
Procardia XL®	Non-Preferred	

DRUG	TIER	NOTES
Tiazac®	Non-Preferred	
verapamil ext-rel	Preferred	
Verelan PM®	Non-Preferred	
<b>Digitalis Glycosides</b>		
digoxin	Preferred	
digoxin ped elixir	Preferred	
Lanoxin®	Non-Preferred	
<b>Diuretics</b>		
acetazolamide	Preferred	
acetazolamide ext-rel	Preferred	
Aldactazide®	Non-Preferred	
amiloride	Preferred	
amiloride/hydrochlorothiazide	Preferred	
bumetanide	Preferred	
chlorthalidone	Preferred	
Dyazide®	Non-Preferred	
furosemide	Preferred	
ethacrynic acid 25mg	Preferred	
hydrochlorothiazide	Preferred	
indapamide	Preferred	
Lasix®	Non-Preferred	
Maxzide®	Non-Preferred	
methazolamide	Preferred	
metolazone	Preferred	
spironolactone/hydrochlorothiazide	Preferred	
toremide	Preferred	
triamterene/hydrochlorothiazide	Preferred	
<b>Heart Failure</b>		
Corlanor®	Preferred	
Entresto®	Preferred	
<b>Nitrates</b>		
Isordil®	Non-Preferred	
isosorbide 20-37.5mg	Preferred	
isosorbide dinitrate oral	Preferred	
isosorbide mononitrate	Preferred	
isosorbide mononitrate ext-rel	Preferred	
Nitro-Bid®	Preferred	
Nitro-Dur®	Non-Preferred	

DRUG	TIER	NOTES
nitroglycerin ext-rel	Preferred	
nitroglycerin sublingual	Preferred	
nitroglycerin transdermal	Preferred	
Nitrostat®	Non-Preferred	
<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
Orenitram®	Preferred	PA, SP
Remodulin® inj	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, QL (16mcg,32mcg,48mcg, 64mcg, Inh Cart 4 Per DY) (DPI, 8 per DY) (DPI Titration Kit 9 per DY) (InhalnSoln0.6mg/ml, 2.9 per DY)
Uptravi®	Preferred	PA, SP
<b>Miscellaneous</b>		
hydralazine	Preferred	
methyldopa	Preferred	
midodrine	Preferred	
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>Antianxiety</b>		
alprazolam Intensol, 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	
Ativan®	Non-Preferred	
bupirone	Preferred	
chlordiazepoxide	Preferred	
clomipramine	Preferred	
clonazepam tabs	Preferred	QL (300 QY per 25 DS)
diazepam	Preferred	
fluvoxamine	Preferred	

DRUG	TIER	NOTES
Klonopin®	Non-Preferred	
lorazepam	Preferred	
oxazepam	Preferred	QL, (120 QY per 25 DS)
Valium®	Non-Preferred	
Xanax®	Non-Preferred	
<b>Anticonvulsants</b>		
carbamazepine chew, susp, tabs	Preferred	
carbamazepine ext-rel	Preferred	
Carbatrol®	Non-Preferred	
Depakene®	Non-Preferred	
Depakote ER®	Non-Preferred	
Diastat®	Non-Preferred	
diazepam rectal gel	Preferred	
Dilantin®	Non-Preferred	
Dilantin Infatabs®	Non-Preferred	
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, 6 QY per DY) ( 250mg/5ml, 300mg/6ml, 72ccQY per DY)
Gabitril®	Non-Preferred	
Keppra®, Keppra ER®	Non-Preferred	
lacosamide oral soln, tablets	Preferred	
Lamictal® regular, ODT	Non-Preferred	
Lamotrigine regular, ODT	Preferred	
levetiracetam, levetiracetam ER 500mg, 750mg	Preferred	
levetiracetam inj	Preferred	
Mysoline®	Non-Preferred	
Nayzilam®	Preferred	PA, Diagnosis & >12 yrs. Of age, QL (50 nasal sprays QY per 25 DS)
Neurontin®	Non-Preferred	
oxcarbazepine	Preferred	
phenobarbital	Preferred	
Phenytek®	Non-Preferred	
phenytoin	Preferred	

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

DRUG	TIER	NOTES
Norpramin®	Non-Preferred	
nortriptyline®	Preferred	
Pamelor®	Non-Preferred	
Parnate®	Non-Preferred	
paroxetine HCl	Preferred	
paroxetine HCl ext-rel	Preferred	
Paxil®	Preferred	
Paxil CR®	Non-Preferred	
phenelzine®	Preferred	
Prozac®	Non-Preferred	
Remeron®	Non-Preferred	
sertraline®	Preferred	
Tofranil®	Non-Preferred	
tranylcypromine	Preferred	
trazodone	Preferred	
venlafaxine	Preferred	
venlafaxine ext-rel	Preferred	
Wellbutrin SR®	Non-Preferred	
Wellbutrin XL®	Non-Preferred	
Zoloft®	Non-Preferred	
<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	
Eldepryl®	Non-Preferred	
entacapone	Preferred	
Mirapex®	Non-Preferred	
Parlodel®	Non-Preferred	
pramipexole	Preferred	
Requip®	Non-Preferred	
ropinirole	Preferred	
selegiline	Preferred	
Sinemet®	Non-Preferred	



DRUG	TIER	NOTES
Sinemet CR®	Non-Preferred	
Stalevo®	Non-Preferred	
trihexyphenidyl	Preferred	
<b>Antipsychotics</b>		
Abilify® tablets	Non-Preferred	PA
Abilify Maintena®	Preferred	
aripiprazole	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	
Fazacllo®	Non-Preferred	
fluphenazine	Preferred	
fluphenazine decanoate inj	Preferred	
fluphenazine inj	Preferred	
Geodon®	Non-Preferred	
Haldol®	Non-Preferred	
Haldol Decanoate®	Non-Preferred	
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	
Risperdal Consta®	Preferred	
risperidone tablet, oral soln	Preferred	PA
Saphris® sublingual	Non-Preferred	

DRUG	TIER	NOTES
Seroquel®	Non-Preferred	
ziprasidone	Preferred	
Zyprexa®	Non-Preferred	
<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	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	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	QL (5 mg: 180 QY per 25 DS; 10mg: 120 QY per 25 DS)
Focalin XR® caps	Non-Preferred	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	
Kapvay® 0.1mg	Non-Preferred	
lisdexamfetamine	Preferred	
methylphenidate tabs	Preferred	QL (5 mg/10mg: 210 QY per 25 DS, 20mg: 90 QY per 25 DS)
Methylin® soln	Non-Preferred	QL (5 mg/mL: 1800 mL QY per 25 DS, 10mg/mL: 900 mL QY per 25 DS)

DRUG	TIER	NOTES
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	QL (5 mg/10mg: 210 QY per 25 DS, 20mg: 90 QY per 25 DS)
Ritalin LA® caps	Non-Preferred	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	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	

**Hypnotics**

Ambien®	Non-Preferred	
doxylamine	Preferred	OTC
melatonin	Preferred	
Restoril®	Non-Preferred	
ramelteon	Preferred	Initial QL: (15 QY per 25 DS, Post QL: 30 per 25 DS)
Rozerem®	Non-Preferred	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	OTC
zolpidem	Preferred	QL, (15 QY per 25 DS)

**Migraine**

Amerge®	Non-Preferred	ST, QL (18 QY per 25 DS)
Ubrelvy® 50mg, 100mg	Non-Preferred	ST, QL, PA, 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	ST, QL(30 QY per 25 DS)

DRUG	TIER	NOTES
Imitrex® tablet, nasal spray, injection	Non-Preferred	QL (12 tablet QY per 25 DS), (6 inj QY per 25 DS) (1 QY per 25 DS)
Maxalt®	Non-Preferred	ST, QL
naratriptan	Preferred	ST, QL (12 QY per 25 DS)
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)
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	ST, QL (12 QY per 25 DS)
<b>Miscellaneous-Migraine</b>		
Rilutek®	Non-Preferred	
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	
<b>Movement Disorders</b>		
Austedo® 6mg, 9mg, 12mg	Preferred	QL PA, SP, ST, (only chorea associated with Huntington's Disease only)
Austedo XR TB24 6mg, 12mg, 24mg	Preferred	QL, PA, SP, ST, (only chorea associated with Huntington's Disease only)
Austedo XR Tab Titrate Kit	Preferred	QL, PA, SP, ST, (only chorea associated with (Huntington's Disease only)
tetrabenazine	Preferred	PA, SP
Xenazine	Non-Preferred	PA, SP
<b>Multiple Sclerosis Agents</b>		
Aubagio®	Non-Preferred	PA, SP, QL (1 QY per DY)
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)

DRUG	TIER	NOTES
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)
Tecfidera	Preferred	PA, SP, QL ((14 per 28 days)
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	
dantrolene	Preferred	
methocarbamol	Preferred	
orphenadrine ext-rel	Preferred	
Robaxin®	Non-Preferred	
Soma® 500mg (only)	Non-Preferred	
tizanidine tabs	Preferred	
Zanaflex®	Non-Preferred	
<b>Myasthenia Gravis</b>		
Mestinon®	Non-Preferred	
Mestinon Timespan®	Non-Preferred	
pyridostigmine	Preferred	
pyridostigmine ext-rel	Preferred	
<b>Narcolepsy</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)

DRUG	TIER	NOTES
Provigil®	Non-Preferred	PA, QL ( 60 QY per 25 DS)
<b>Psychotherapeutic-Miscellaneous</b>		
acamprosate calcium	Preferred	
Antabuse®	Non-Preferred	
buprenorphine sublingual	Preferred	
buprenorphine/naloxone sublingual tabs	Preferred	
buprenorphine/naloxone sublingual films	Preferred	
bupropion ext-rel	Preferred	
Chantix®	Preferred	
disulfiram	Preferred	
naloxone inj	Preferred	
naloxone nasal spray	Preferred	
naltrexone	Preferred	
Narcan nasal spray®	Preferred	QL (4 QY per 180 DS)
Nicorette gum®	Non-Preferred	
nicotine polacrilex gum	Preferred	OTC
nicotine transdermal	Preferred	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	
<b>ENDOCRINE AND METABOLIC</b>		
<b>Acromegaly</b>		
octreotide acetate	Preferred	PA, SP
Sandostatin®	Non-Preferred	PA, SP
Somatuline Depot®	Preferred	PA, SP
<b>Androgens</b>		
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
<b>Antidiabetics</b>		
acarbose	Preferred	

DRUG	TIER	NOTES
alogliptin	Preferred	
alogliptin/metformin	Preferred	
alogliptin/pioglitazone	Preferred	
Actoplus Met®	Non-Preferred	
Actos®	Non-Preferred	
Admelog®	Preferred	
Amaryl®	Non-Preferred	
Basaglar®	Preferred	
Duetact®	Non-Preferred	
glimepiride	Preferred	
glipizide tabs	Preferred	
glipizide ext-rel	Preferred	
glipizide-metformin	Preferred	
Glucotrol®	Non-Preferred	
Glucotrol XL®	Non-Preferred	
Humalog mix®	Preferred	
Humulin 70/30®	Preferred	OTC
Humulin N®	Preferred	OTC
Humulin R®	Preferred	OTC
Jardiance®	Preferred	PA
Kazano®	Non-Preferred	
Metaglip®	Non-Preferred	
metformin	Preferred	
metformin ext-rel	Preferred	
Nesina®	Non-Preferred	
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	



DRUG	TIER	NOTES
Precose®	Non-Preferred	
repaglinide	Preferred	
Rybelsus® 3mg, 7mg, 14mg	Preferred	ST, QL (30 QY per 25 DY), (ST 30 QY DS of metformin in past 180 DS)
Segluromet®	Preferred	ST
Semglee 100u sol, inj (glargine-YFGN)	Preferred	
Soliqua®	Preferred	ST
Starlix®	Non-Preferred	
Steglatro®	Preferred	ST
Trulicity® .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Preferred	ST, 30 DS of metformin in past 180 QL( 2 QY pens per 21 DS)
<b>Diabetic Supplies</b>		
alcohol swabs	Preferred	OTC
BD Ultrafine® Insulin Syringes	Preferred	OTC (needles)
BD nanoneedles	Preferred	
Chemstrip Test 2, 5, 7, 10 UGK	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)
Keto-Diastix® urine test products	Preferred	OTC
lancets	Preferred	OTC
Multistix® urine test products	Preferred	OTC
Omnipod 5 G7 Intro Kit	Preferred	
Omnipod 5 G7 MIS PODS	Preferred	
Omnipod Dash Insulin Infusion Pump	Preferred	
Omnipod Insulin Infusion Pump	Preferred	
OneTouch®	Preferred	Ultra Mini, Ultra 2, Verio, Verio IQ, Verio RE, SOL Complete Kit, SOL Kit Refill, Sol Kit Starter
OneTouch® Verio Kits and Test Strips	Preferred	OTC, QL (204 QY per DS) test strips
One Touch® Verio Flex Kits and Strips	Preferred	OTC, QL (204 QY per DS) test strips
<b>Calcium Receptor Antagonists</b>		
cinacalcet	Preferred	PA, SP, QL( 30mg,60mg2QY per DY (90mg,4 QY Per DY)



DRUG	TIER	NOTES
Sensipar®	Non-Preferred	PA, SP, QL( 30mg,60mg2QY per DY (90mg,4 QY Per DY)
<b>Calcium Regulators</b>		
alendronate tabs	Preferred	
calcitonin-salmon	Preferred	
Fosamax®	Non-Preferred	
Miacalcin®	Non-Preferred	
Prolia®	Preferred	PA, SP
Triptodur® susp 22.5mg	Preferred	PA, SP
Tymlos®	Preferred	PA, SP
<b>Contraceptives (EE = ethinyl estradiol)</b>		
<b>Monophasic</b>		
desogestrel/EE 0.15/30 - Apri	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	
Loestrin® 1/20	Non-Preferred	
Loestrin Fe® 1.5/30	Non-Preferred	
Loestrin Fe® 1/20	Non-Preferred	
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	
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	
Ortho-Novum® 1/35	Non-Preferred	
Yasmin®	Non-Preferred	
Yaz®	Non-Preferred	

DRUG	TIER	NOTES
<b>Biphasic</b>		
desogestrel/EE	Preferred	
Mircette®	Non-Preferred	
<b>Triphasic</b>		
desogestrel/EE	Preferred	
levonorgestrel/EE	Preferred	
norethindrone/EE	Preferred	
norgestimate/EE	Preferred	
Ortho Tri-Cyclen®	Non-Preferred	
Ortho Tri-Cyclen Lo®	Non-Preferred	
Ortho-Novum 7/7/7®	Non-Preferred	
Tri-Norinyl®	Non-Preferred	
<b>Progestin Only</b>		
norethindrone	Preferred	
Ortho Micronor®	Non-Preferred	
<b>Emergency Contraception</b>		
ulipristal - Ella®	Preferred	QL; Initial Limit: (3 QY per 90 DS)
levonorgestrel – Next Choice One Dose®	Preferred	QL; Initial Limit: (3 QY per 90 DS)
Plan B One-Step®	Non-Preferred	QL; Initial Limit: (3 QY per 90 DS)
<b>Injectable</b>		
Depo-Provera®	Non-Preferred	QL (1 QY per 75 DS)
medroxyprogesterone acetate 150 mg/mL prefilled syringe	Preferred	QL (1 QY per 75 DS)
<b>Vaginal Transdermal</b>		
norelgestromin/EE 150-35mcg/24hr	Preferred	
Xulane® 150-35mcg/24hr	Non-Preferred	
<b>Vaginal</b>		
etonogestrel/EE ring	Preferred	
Elurying®	Non-Preferred	
NuvaRing®	Non-Preferred	
<b>Miscellaneous</b>		
condoms, male	Preferred	OTC
diaphragm	Preferred	OTC

DRUG	TIER	NOTES
Gynol II®	Preferred	OTC
nonoxynol-9	Preferred	OTC
Shur-Seal®	Preferred	OTC
<b>Endometriosis</b>		
danazol	Preferred	
Synarel®	Preferred	
<b>Estrogens</b>		
Climara®	Non-Preferred	
Estrace®	Non-Preferred	
estradiol oral, patches	Preferred	
estradiol vaginal tabs	Preferred	
Vagifem®	Preferred	
<b>Estrogen/Progestins</b>		
Activella®	Non-Preferred	
Combipatch®	Preferred	
estradiol/norethindrone oral	Preferred	
EE/norethindrone acetate	Preferred	
EE/norethindrone acetate - Jinteli	Preferred	
Femhrt®	Non-Preferred	
<b>Gaucher Disease</b>		
Cerdelga®	Preferred	PA, SP
Cerezyme®	Preferred	PA, SP
<b>Glucocorticoids</b>		
Cortef®	Non-Preferred	
dexamethasone	Preferred	
fludrocortisone	Preferred	
hydrocortisone	Preferred	
Medrol® 2mg	Preferred	
Methylprednisolone	Preferred	
Orapred®ODT	Non-Preferred	
prednisolone sodium phosphate orally disintegrating tabs	Preferred	
prednisolone sodium	Preferred	
prednisolone syrup	Preferred	
prednisone	Preferred	
Prelone®	Non-Preferred	

DRUG	TIER	NOTES
<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	Preferred	QL (2 QY per 30 DS)
<b>Hereditary Tyrosinemia Type 1 Agents</b>		
Nityr®	Preferred	PA, SP
<b>Human Growth Hormones</b>		
Norditropin®	Preferred	PA, SP
Serostim®	Preferred	PA, SP
Sevenfact®	Preferred	PA, SP
Zorbtive®	Preferred	PA, SP
<b>Hyperparathyroid Treatment, Vitamin D analogs</b>		
calcitriol (1,25-D3)	Preferred	
doxercalciferol	Preferred	
teriparatide	Preferred	PA, SP, QL (1 pen per 28 DD)
Hectorol®	Non-Preferred	
paricalcitol	Preferred	
Rocaltrol®	Non-Preferred	
Zemplar®	Non-Preferred	
<b>Mineralocorticoid Receptor Antagonists</b>		
Kerendia® 10mg, 20mg	Preferred	PA
<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	ST
sevelamer carbonate	Preferred	ST
<b>Potassium-Removing Agents</b>		
sodium polystyrene sulfonate	Preferred	
<b>Progestins</b>		
Aygestin®	Non-Preferred	
medroxyprogesterone acetate	Preferred	
norethindrone acetate	Preferred	
progesterone 100mg, 200mg capsule	Preferred	
Prometrium®	Non-Preferred	

DRUG	TIER	NOTES
Provera®	Non-Preferred	
<b>Selective Estrogen Receptor Modulators</b>		
Evista®	Non-Preferred	
Osphena®	Preferred	PA
raloxifene	Preferred	
<b>Thyroid Agents</b>		
Cytomel®	Non-Preferred	
levothyroxine	Preferred	
levothyroxine - Levoxyl	Preferred	
liothyronine	Preferred	
methimazole	Preferred	
propylthiouracil	Preferred	
Synthroid®	Non-Preferred	
Tapazole®	Non-Preferred	
<b>Urea Cycle Disorders</b>		
Buphenyl® tablet, oral powder	Non-Preferred	PA, SP, QL (500mg, 40QY per DY) (oral powder, 26.6gm per DY)
sodium phenylbutyrate 500mg tablets, 3gm oral powder	Preferred	PA, SP, QL (500mg, 40QY Per DY) (oral powder, 26.6gm Per DY)
<b>Vasopressin Receptor Antagonists</b>		
tolvaptan	Preferred	PA, SP
Samsca®	Non-Preferred	PA, SP
<b>Vasopressins</b>		
DDAVP®	Non-Preferred	PA
desmopressin spray	Preferred	
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	Preferred	OTC
Maalox®	Non-Preferred	OTC
Mylanta®	Non-Preferred	OTC
<b>Antidiarrheals</b>		
bismuth subsalicylate	Preferred	OTC

DRUG	TIER	NOTES
diphenoxylate/atropine	Preferred	
Imodium®	Non-Preferred	
Lomotil®	Non-Preferred	
loperamide tablets, capsule	Preferred	OTC
Pepto-Bismol®	Non-Preferred	
<b>Antiemetics</b>		
Aprepitant 40mg,80mg, 125mg, 80&125mg,	Preferred	PA, QL (40mg, 3 QY Per 180 DS) (80mg, 4 QY Per 21)(80/125 Pak, 6 QY 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) (80mg, 4 QY Per 21)(80/125 Pak, 6 QY Per 21 DS)(125mg, 2 QY Per 21 DS)
granisetron tabs	Preferred	QL (12 QY per 21 DS)
Marinol®	Non-Preferred	QL (60 QY per 25 DS)
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	Preferred	
promethazine supp	Preferred	
Reglan®	Non-Preferred	
Tigan®	Non-Preferred	
trimethobenzamide	Preferred	
Zofran® 4mg/5ml oral soln, tabs	Non-Preferred	QL (200ml QY per 21 DS; 18 QY per 21 DS)
<b>Antispasmodics</b>		
chlordiazepoxide/clidinium	Preferred	
dicyclomine	Preferred	
glycopyrrolate	Preferred	
hyoscyamine sulfate	Preferred	
hyoscyamine sulfate ext-rel	Preferred	
hyoscyamine sulfate ext-rel caps	Preferred	
hyoscyamine sulfate orally disintegrating	Preferred	
Levsin®	Non-Preferred	

DRUG	TIER	NOTES
<b>Cholelitholytics</b>		
Actigall®	Non-Preferred	
Urso®	Non-Preferred	
ursodiol (Actigall & Urso)	Preferred	
<b>H2 Receptor Antagonists</b>		
cimetidine	Preferred	OTC & Rx
famotidine	Preferred	OTC & Rx
nizatidine	Preferred	
Pepcid® 20mg tabs	Non-Preferred	
Pepcid AC®	Non-Preferred	OTC
Tagamet HB®	Non-Preferred	OTC
<b>Inflammatory Bowel Disease</b>		
Apriso®	Preferred	
Azulfidine®	Non-Preferred	
Azulfidine EN®-Tabs	Non-Preferred	
balsalazide	Preferred	
budesonide delayed-rel caps	Preferred	
Entocort EC®	Non-Preferred	
hydrocortisone enema	Preferred	
mesalamine ext-rel caps	Preferred	
mesalamine rectal susp, supp	Preferred	
Rowasa® rectal susp	Non-Preferred	
sulfasalazine	Preferred	
sulfasalazine delayed-rel	Preferred	
<b>Irritable Bowel Syndrome</b>		
lubiprostone	Preferred	
Amitiza®	Non-Preferred	
<b>Laxatives/Stool Softeners</b>		
bisacodyl enema, tab, supp	Preferred	OTC
Colace®	Non-Preferred	
Colyte®	Non-Preferred	
docusate calcium	Preferred	OTC
docusate sodium	Preferred	OTC
Dulcolax®	Non-Preferred	OTC
Golytely®	Non-Preferred	
Kristalose®	Preferred	



DRUG	TIER	NOTES
Lactulose	Preferred	
Miralax®	Non-Preferred	
Nulytely®	Non-Preferred	
polyethylene glycol 3350/electrolytes	Preferred	Nulytely, Golytely, Colyte
polyethylene glycol 3350	Preferred	OTC
Senna®	Preferred	OTC
Senna Plus®	Non-Preferred	
sennosides	Preferred	OTC
sennosides/docusate sodium	Preferred	OTC
Senokot®	Non-Preferred	
Suprep Bowel Prep kit	Preferred	
<b>Opioid-Induced Constipation</b>		
Movantik®	Preferred	
<b>Pancreatic Enzymes</b>		
Viokase®	Preferred	
Zenpep® caps 60000 units	Preferred	
<b>Prostaglandins</b>		
Cytotec®	Non-Preferred	
misoprostol	Preferred	
<b>Proton Pump Inhibitors</b>		
esomeprazole magnesium delayed-rel	Preferred	OTC
esomeprazole magnesium delayed-rel	Preferred	AL (<1 year only)
lansoprazole delayed-rel 15mg, 30mg	Preferred	OTC, Rx
Nexium® susp	Preferred	AL (<1 year only)
Nexium® 24hr	Preferred	OTC
omeprazole delayed-rel tabs	Preferred	
omeprazole delayed-rel caps	Preferred	
omeprazole/sodium bicarbonate	Preferred	OTC
pantoprazole delayed-rel tabs	Preferred	
Prevacid® 24hr	Non-Preferred	OTC
Prilosec®	Non-Preferred	
Prilosec® OTC	Preferred	
Protonix®	Non-Preferred	
Zegerid® OTC	Non-Preferred	
<b>Saliva Stimulants</b>		
pilocarpine tabs	Preferred	
Salagen®	Non-Preferred	



DRUG	TIER	NOTES
<b>Steroids, Rectal</b>		
Anusol®-HC 2.5%	Non-Preferred	
hydrocortisone crm 1%, 2.5%	Preferred	
Proctocort® 1%	Non-Preferred	
<b>Miscellaneous</b>		
Carafate®	Non-Preferred	
Cuvposa®	Preferred	PA, AL (covered 3-16 years of age)
Imodium®	Non-Preferred	
loperamide/simethicone	Preferred	OTC
sucralfate tabs	Preferred	
simethicone	Preferred	OTC
<b>GENITOURINARY</b>		
<b>Benign Prostatic Hyperplasia</b>		
alfuzosin ext-rel	Preferred	
Cardura®	Non-Preferred	
doxazosin	Preferred	
finasteride	Preferred	
Flomax®	Non-Preferred	
Proscar®	Non-Preferred	
tamsulosin	Preferred	
terazosin	Preferred	
Uroxatral®	Non-Preferred	
<b>Urinary Antispasmodics</b>		
Detrol®	Non-Preferred	
Ditropan® XL	Non-Preferred	
oxybutynin	Preferred	
oxybutynin ext-rel	Preferred	
Oxytrol® For Women transdermal	Preferred	OTC, gender restriction to females
tolterodine	Preferred	
tropium	Preferred	
<b>Vaginal Anti-Infectives</b>		
Cleocin®	Non-Preferred	
clindamycin crm	Preferred	
Clotrimazole crm	Preferred	OTC & Rx
Metronidazole gel, crm, supp, kits	Preferred	
Miconazole crm	Preferred	OTC & Rx
terconazole	Preferred	

DRUG	TIER	NOTES
<b>Miscellaneous</b>		
bethanechol	Preferred	
phenazopyridine 100mg, 200mg	Preferred	OTC & Rx
potassium citrate ext-rel	Preferred	
Pyridium®	Non-Preferred	
Urocit-K®	Non-Preferred	
<b>HEMATOLOGIC</b>		
<b>Anticoagulants</b>		
Arixtra®	Non-Preferred	
Coumadin®	Non-Preferred	
Eliquis®	Preferred	
enoxaparin	Preferred	
fondaparinux	Preferred	
Lovenox®	Non-Preferred	
warfarin	Preferred	
Xarelto®	Preferred	
<b>Hematopoietic Growth Factors</b>		
Aranesp®	Preferred	PA, SP
Fylneta 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
<b>Hemophilia A Agents</b>		
Jivi®	Preferred	PA, SP
Hemlibra®	Preferred	PA, SP
<b>Hereditary Angioedema Agents</b>		
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
<b>Thrombocytopenic Agents</b>		
Doptelet ®	Preferred	PA, SP, QL (max 3 QY per DY)
<b>Paroxysmal Nocturnal Hemoglobinuria</b>		
Soliris®	Preferred	PA, SP

DRUG	TIER	NOTES
<b>Platelet Aggregation Inhibitors</b>		
aspirin	Preferred	OTC
Brilinta®	Preferred	
clopidogrel	Preferred	
dipyridamole	Preferred	
Effient®	Non-Preferred	
Plavix®	Non-Preferred	
prasugrel	Preferred	
<b>Platelet Synthesis Inhibitors</b>		
Agrylin®	Non-Preferred	
anagrelide	Preferred	
<b>Miscellaneous</b>		
cilostazol	Preferred	
Endari ®	Preferred	PA
<b>Sickle Cell Disease</b>		
Adakveo solution 100mg/10ml	Preferred	PA
Siklos tabs 100mg. 1000mg	Preferred	
<b>IMMUNOLOGIC AGENTS</b>		
<b>Autoimmune Agents</b>		
Adalimumab-ADAZ 40mg/0.4ml	Preferred	PA, SP, QL, (4 syringes/pens per 28 DS)
Adalimumab-FKJP 40mg/0.8ml, PSKT 20mg/0.4ml, 40mg/0.8mlo	Preferred	PA, SP, QL, (4 syringes/pens per 28 DS)
Avsola® inj	Preferred	Physician-Administered
Cosentyx®	Preferred	PA, SP, QL (max 0.072 QY per DY)
Enbrel®	Preferred	PA, SP
Entyvio® inj	Preferred	PA, SP, QL (1 QY per 42 DS)
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

DRUG	TIER	NOTES
Kevzara®	Preferred	PA, SP
Skyrizi ®	Preferred	PA, SP, QL (75mg/0.83ml; 180mg/1.2ml, 360mg/2.4ml, 600mg/10ml, 150mg/ml) <b>Physician Administered</b>
Rinvoq®	Preferred	PA, SP, QL (15mg&30mg 30 QY per 30 DS) (45mg 56 QY per 56 DS)
Otezla®	Preferred	PA, SP, QL (10/20/30 QY 1 pak (55 tablets) per 28 DS) (30mg QY 60 per 30 DS)
<b>Disease-Modifying Agents</b>		
Arava®	Non-Preferred	
hydroxychloroquine	Preferred	
leflunomide	Preferred	
methotrexate	Preferred	
Plaquenil®	Non-Preferred	
Rasuvo®	Non-Preferred	PA, SP, QL (max 0.086mg/ml per DY)
<b>Immunomodulators</b>		
Ilaris® 150mg/ml	Preferred	PA, SP
IntronA®	Preferred	PA, SP
Pegasys®	Preferred	PA, SP
<b>Immunosuppressants</b>		
Azasan®	Preferred	
azathioprine	Preferred	
Cellcept®	Non-Preferred	
Cyclosporine (Sandimmune)	Preferred	
Cyclosporine (Neoral)	Preferred	modified - Neoral
Imuran®	Preferred	
mycophenolate mofetil	Preferred	
Neoral®	Non-Preferred	
Prograf®	Non-Preferred	
Rapamune®	Non-Preferred	
Sandimmune®	Non-Preferred	
sirolimus	Preferred	
tacrolimus	Preferred	

DRUG	TIER	NOTES
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>Electrolytes</b>		
K-Phos®	Preferred	
K-Tab®	Non-Preferred	
potassium bicarbonate effer tabs 25 mEq	Preferred	
potassium chloride ext-rel	Preferred	
potassium chloride liquid	Preferred	
<b>Vitamins &amp; Minerals</b>		
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	
Fergon®	Non-Preferred	
ferrous fumarate	Preferred	OTC
ferrous gluconate	Preferred	OTC
ferrous sulfate	Preferred	OTC
Fish Oil®	Non-Preferred	
fluoride drops, tabs	Preferred	
folic acid	Preferred	
folic acid/vitamin B6/vitamin B12	Preferred	OTC & Rx
magnesium oxide	Preferred	OTC
Mephyton®	Non-Preferred	
multivitamins/fluoride drops, tabs	Preferred	OTC
multivitamins/fluoride/iron drops, tabs	Preferred	OTC
Nephrocaps®	Non-Preferred	
omega-3 fatty acids (fish oil)	Preferred	OTC
omega-3 fatty acids/vitamin E (fish oil)	Preferred	OTC
Poly-Vi-Sol 50mg/ml	Preferred	OTC
pediatric multiple vitamin w/c 50mg/ml	Preferred	OTC
poly-vite sol 50mg/ml	Preferred	
Pedialyte®	Non-Preferred	OTC
phytonadione	Preferred	

DRUG	TIER	NOTES
Prenatal 19 chewable®	Preferred	
Prenatabs Rx®	Preferred	
Prenatal 19®	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>		
Epipen®	Preferred	QL (8 QY per 365 DS)
Epipen Jr.®	Preferred	QL (8 QY per 365 DS)
epinephrine auto-injector	Preferred	QL (8 QY per 365 DS)
<b>Alpha-1 Antitrypsin Deficiency Agents</b>		
Prolastin-C®	Preferred	PA, SP
<b>Anticholinergics</b>		
Incruse Ellipta®	Preferred	QL (30 QY per 25 DS)
ipratropium soln	Preferred	QL (30 QY per 25 DS)
umeclidinium	Preferred	QL (30 QY per 25 DS)
<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 soln	Preferred	QL (2 QY per 25 DS)
<b>Anticholinergic/Beta Agonist/Steroid Combinations</b>		
Trelegy®	Preferred	QL (60 QY per 25 DS)
<b>Antihistamines, Low Sedating</b>		
cetirizine	Preferred	OTC & Rx, AL (chewable tab for <12yrs)
Zyrtec®	Non-Preferred	
<b>Antihistamines, Nonsedating</b>		
Allegra®	Non-Preferred	OTC
Claritin®	Non-Preferred	OTC
fexofenadine	Preferred	OTC
loratadine	Preferred	OTC
<b>Antihistamines, Sedating</b>		
Benadryl®	Non-Preferred	OTC & Rx
chlorpheniramine	Preferred	OTC

DRUG	TIER	NOTES
chlorpheniramine ext-rel	Preferred	OTC
clemastine	Preferred	OTC & Rx
cyproheptadine	Preferred	
diphenhydramine	Preferred	OTC & Rx
hydroxyzine HCl	Preferred	
hydroxyzine pamoate	Preferred	
Vistaril®	Non-Preferred	
<b>Antihistamine/Decongestant Combinations</b>		
Allegra-D®	Non-Preferred	OTC
cetirizine/pseudoephedrine ext-rel	Preferred	OTC
Claritin-D®	Non-Preferred	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	OTC
<b>Antitussives</b>		
benzonatate	Preferred	
Tessalon®	Non-Preferred	
<b>Antitussive Combinations</b>		
guaifenesin-codeine 10mg/100mg	Preferred	QL (60ml QY per DS)
guaifenesin-codeine Soln 100-6.3mg/ml	Preferred	QL (90ml QY per DS)
codeine/guaifenesin liquid	Preferred	QL (60ml per DS)
codeine/guaifenesin/pseudoephedrine	Preferred	
pseudoephedrine/codeine-GG syrup	Preferred	QL (40ml QY per DS)
pseudoephedrine/codeine-GG solution	Preferred	QL (40ml QY per DS)
codeine/promethazine syrup	Preferred	QL (30ml QY per DS)
codeine/promethazine/phenylephrine syrup	Preferred	QL (30ml QY per DS)
dextromethorphan/brompheniramine /pseudoephedrine	Preferred	
dextromethorphan/guaifenesin ext-rel	Preferred	OTC
dextromethorphan/guaifenesin liq, soln,	Preferred	OTC
dextromethorphan/guaifenesin/ pseudoephedrine syrup	Preferred	OTC
dextromethorphan/promethazine	Preferred	
hydrocodone/homatropine tablets	Preferred	QL (6 QY per DY)
hydrocodone/homatropine syrup	Preferred	QL (30ml QY per DY)



DRUG	TIER	NOTES
<b>Non-opioid</b>		
Mucinex DM® tab 30-600mg ER	Non-Preferred	OTC
Mucinex tablet 1200mg	667Preferred	OTC
Mucinex tablet 60-1200mg	Non-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	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)
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	OTC
<b>Decongestant/Expectorant Combinations</b>		
Mucinex D®	Non-Preferred	OTC
pseudoephedrine/guaifenesin ext-rel	Preferred	OTC
pseudoephedrine/guaifenesin syrup 30 mg/ 100 mg/5 mL	Preferred	OTC
<b>Expectorants</b>		
Diabetic Tussin®	Non-Preferred	OTC
guaifenesin ext-rel	Preferred	OTC
guaifenesin liq, syp, tabs	Preferred	OTC
Mucinex®	Non-Preferred	OTC



DRUG	TIER	NOTES
<b>Leukotriene Receptor Antagonists</b>		
montelukast	Preferred	
Singulair®	Non-Preferred	
<b>Mast Cell Stabilizers</b>		
cromolyn sodium nasal spray	Preferred	OTC
cromolyn soln for inhalation	Preferred	
Nasal crom®	Non-Preferred	
<b>Medical Supplies</b>		
Aerochamber®	Non-Preferred	
mask	Preferred	OTC
nebulizer	Preferred	OTC
sodium chloride for inhalation	Preferred	
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 - Rhinocort® Allergy	Preferred	OTC
Flonase® Allergy Relief	Non-Preferred	
flunisolide spray	Preferred	QL (1QY per 25 DS)
fluticasone spray	Preferred	OTC
fluticasone HFA aerosol	Preferred	QL 110mcg,220mcg,44mcg, (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®	Preferred	PA, SP, QL
Xolair® 75mg,150mg, 300mg	Preferred	PA, SP, QL
<b>Steroid/Beta Agonist Combinations</b>		
Advair Diskus® 100mg/50mg	Non-Preferred	AL (4-11yrs), ST, QL (60 QY per 25 DS)

DRUG	TIER	NOTES
fluticasone/vilanterol inhaler	Preferred	QL Initial Limit: (1 QY per 25 DS)
fluticasone/salmeterol 100/50mg	Preferred	AL (4-11yrs), ST, QL (60 QY per 25 DS)
<b>Steroid Inhalants</b>		
Alvesco®	Preferred	QL (80/18.3gm QY per 25 DS) (160/12.2gm QY per 25 DS)
budesonide inh susp	Preferred	QL (0.25 mg: 180 QY per 25 DS, 0.5 mg: 120 QY per 25 DS, 1 mg: 60 QY)
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	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®	Preferred	
<b>Xanthines</b>		
Elixophyllin®	Non-Preferred	
theophylline ext-rel tabs	Preferred	
theophylline liquid	Preferred	
<b>Miscellaneous</b>		
ipratropium nasal spray	Preferred	
Ocean® nasal spray	Non-Preferred	OTC
sodium chloride nasal spray	Preferred	OTC
<b>TOPICAL</b>		
<b>Dermatology</b>		
Abreva®	Non-Preferred	QL (120 QY per 25 DS)
A & D ointment	Preferred	
alclometasone crm, oint 0.05%	Preferred	
Aldara®	Non-Preferred	
ammonium lactate 12%	Preferred	OTC
Bacitracin	Preferred	OTC
bacitracin zinc oint	Preferred	OTC
bacitracin/polymyxin B	Preferred	OTC
Bactine®	Non-Preferred	
Bactroban®	Non-Preferred	
Benzamycin®	Non-Preferred	

DRUG	TIER	NOTES
benzoyl peroxide-erythromycin gel	Preferred	QL Initial Limit (Benzamycin: 47 gm per 25 DS)
benzoyl peroxide	Preferred	OTC
benzoyl peroxide gel	Preferred	OTC
benzoyl peroxide, except foam	Preferred	
Betadine®	Non-Preferred	
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	OTC
Capsaicin Gel Relief®	Non-Preferred	OTC
Capsaicin HP®	Non-Preferred	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	
ciclopirox gel, sham, crm, susp,	Preferred	QL(120 QY per 25 DS)
Cleocin T®	Non-Preferred	
clindamycin lotion, soln	Preferred	
clobetasol propionate gel, oint 0.05%	Preferred	QL(120 QY per 25 DS)
clobetasol propionate cream	Preferred	QL, Initial Limit: (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	
Cortizone-10®	Non-Preferred	

DRUG	TIER	NOTES
Cutivate®	Non-Preferred	
desonide crm, lotion, oint 0.05%	Preferred	
Desowen®	Non-Preferred	
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	
Diprolene AF®	Non-Preferred	
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	
Elocon®	Non-Preferred	
Emollient	Preferred	Aquaphor, Aveeno, Eucerin/generics
erythromycin gel, soln	Preferred	
erythromycin/benzoyl peroxide	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; Initial Limit: (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%	Preferred	PA, SP, QL (if initial ST not met Initial: Try/fail 1 day of permethrin 1% within the past 60 DS)
ketoconazole crm 2%	Preferred	QL (120gm per 25 DS)
ketoconazole shampoo 2%	Preferred	QL (120 mL per 25 DS)
Klaron®	Non-Preferred	

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

DRUG	TIER	NOTES
Selsun Blue®	Non-Preferred	
Silvadene®	Non-Preferred	
silver sulfadiazine	Preferred	
Spinosad	Preferred	ST
sulfacetamide lotion 10%	Preferred	
tacrolimus ointment 0.1%, 0.03%	Preferred	ST
Temovate®	Non-Preferred	
Tinactin®	Non-Preferred	
Tolak	Preferred	
Tolnaftate	Preferred	OTC
Topicort®	Non-Preferred	
tretinoin cream, gel	Preferred	PA
triamcinolone acetonide crm, lotion, oint	Preferred	QL (120gm QY per 25DS)
Ultravate®	Non-Preferred	
<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	
Prevident®	Non-Preferred	
sodium fluoride	Preferred	
triamcinolone paste	Preferred	
<b>Ophthalmic</b>		
Acular®	Non-Preferred	
Acular LS®	Non-Preferred	
Alphagan P®	Non-Preferred	
Artificial Tears®	Non-Preferred	
artificial tears oint, soln	Preferred	OTC
azelastine	Preferred	
bacitracin	Preferred	
Betagan®	Non-Preferred	
betaxolol 0.5%	Preferred	
Bleph-10®	Non-Preferred	
brimonidine 0.15%	Preferred	
brimonidine 0.2%	Preferred	
Ciloxan®	Non-Preferred	
Ciprodex®	Non-Preferred	

DRUG	TIER	NOTES
ciprofloxacin soln	Preferred	
Cortisporin otic®	Non-Preferred	
Cosopt®	Non-Preferred	
cromolyn sodium	Preferred	
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	Preferred	
gentamicin 0.3% solution	Preferred	QL; (20ml per 25 DS)
fluorometholone 0.1% susp	Preferred	
FML Liquifilm®	Non-Preferred	
ketorolac 0.4%	Preferred	
ketorolac 0.5%	Preferred	
ketotifen	Preferred	OTC
latanoprost	Preferred	
levobunolol	Preferred	
levofloxacin	Preferred	
Maxitrol®	Non-Preferred	
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	
Ocuflox®	Non-Preferred	
ofloxacin	Preferred	
polymyxin B/bacitracin	Preferred	
polymyxin B/trimethoprim	Preferred	
Polytrim®	Non-Preferred	
Pred Forte®	Non-Preferred	
prednisolone acetate 1%	Preferred	
prednisolone phosphate 1%	Preferred	
sulfacetamide soln 10%	Preferred	



DRUG	TIER	NOTES
sulfacetamide/prednisolone phosphate	Preferred	
timolol maleate	Preferred	
timolol maleate gel	Preferred	
Timoptic®	Non-Preferred	
Timoptic-XE®	Non-Preferred	
Tobradex®	Non-Preferred	
tobramycin soln	Preferred	
tobramycin/dexamethasone susp	Preferred	
Tobrex®	Preferred	
trifluridine	Non-Preferred	
Trusopt®	Non-Preferred	
Xalatan®	Non-Preferred	
Xiidra® soln	Preferred	PA, QL (60 mL per 25 DS)
Zaditor®	Non-Preferred	
<b>OTIC</b>		
acetic acid	Preferred	
Ciprodex	Non-Preferred	
ciprofloxacin/dexamethasone	Preferred	
neomycin/polymyxin B/hydrocortisone	Preferred	
ofloxacin	Preferred	
<b>VAGINAL</b>		
acetic acid solution	Preferred	
clotrimazole	Preferred	
miconazole	Preferred	