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 10/01/2025

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.

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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 |
|---|---|---|
| **ANALGESICS** | | |
| Analgesics, Other | | |
| 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 |
| NSAIDs | | |
| 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 | |
| NSAIDs, Topical | | |
| diclofenac sodium gel | Preferred | OTC, QL (300gms QY per 25 DS) |
| Voltaren Gel® | Non-Preferred | PA, OTC, QL (300gms QY per 25 DS) |
| Cox-2 Inhibitors | | |
| Celebrex® | Non-Preferred | PA |
| celecoxib capsule | Preferred | PA |
| Gout | | |
| 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 |
| Opioid Analgesics | | |
| codeine/acetaminophen | Preferred | QL Subject to initial 7-day limit. (90 MME per DS) |
| Dilaudid® | Non-Preferred | PA, QL Subject to initial 7-day limit. (90 MME per DS) |
| Duragesic® | Non-Preferred | PA, 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 | PA, QL Subject to initial 7-days limit. (90 MME per DS, 7 DS) |
| oxycodone tabs, caps, conc, soln excluded ER tabs | 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 | PA, 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 | 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 | PA, QL Subject to initial 7-days limit. (QY 40 per 25 DS) |
| Ultram® | Non-Preferred | PA, QL Subject to initial 7-days limit. |

| DRUG | TIER | NOTES |
|---|---|---|
| Ultram ER ® | Non-Preferred | PA, QL Subject to initial 7-days limit |
| Viscosupplements | | |
| Gel-one® | Preferred | PA |
| Visco-3® | Preferred | PA |
| **ANTI-INFECTIVES** | | |
| Anthelmintics | | |
| Emverm® chew 100mg | Preferred | QL (12 QY per 365 DS) |
| ivermectin tabs 3mg | Preferred | |
| pyrantel pamoate susp 144mg/ml | Preferred | OTC |
| Antibacterials | | |
| 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 | |
| Dificid 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 |
| Antifungals | | |
| 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 |
| Antimalarials | | |
| 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) |
| Antitubercular Agents | | |
| ethambutol | Preferred | |
| isoniazid | Preferred | |
| Myambutol® | Non-Preferred | PA |
| pyrazinamide | Preferred | |
| Rifadin® | Non-Preferred | PA |
| rifampin | Preferred | |
| Antivirals | | |
| 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) |
| oseltanmivir 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 |
| Miscellaneous | | |
| 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 |
| Macrodantin® | 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 |
| Hormonal Antineoplastic Agents | | |
| 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 | |
| Immunomodulators | | |
| Revlimid® | Preferred | PA, SP |
| Thalomid ® | Preferred | PA, SP, QL (200mg/150mg, 2 per DY) |
| Kinase Inhibitors | | |
| 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) |
| Imkeldi ® 80mg/ml | Preferred | PA, SP, QL (2 bottles per 28 days) |

| DRUG | TIER | NOTES |
|---|---|---|
| Inlyta® | Preferred | PA, SP, QL (5mg, 4 per DY) (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) (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) |
| 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) |
| Stivarga® | | |
| 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) |
| 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) |
| Kinase Inhibitors For CML | | |
| Gleevec® | Non-Preferred | PA, SP |
| imatinib tablets | Preferred | PA, QL (400mg 2 per DY)(100mg 4 per DY) |

| DRUG | TIER | NOTES |
|---|---|---|
| Multiple Myeloma | | |
| Revlimid® | Preferred | PA, SP |
| Thalomid® | Preferred | PA, SP, QL (150mg,200mg.2 per DY) (50mg,100mg, 1 per DY) |
| Miscellaneous | | |
| 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 | |
| Lotensin® | Non-Preferred | PA |
| quinapril | Preferred | |
| ramipril | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| trandolapril | Preferred | |
| Vasotec® | Non-Preferred | PA |
| Zestril® | Non-Preferred | PA |
| **Ace Inhibitor/Calcium Channel Blocker** | | |
| amlodipine/benazepril | Preferred | |
| Lotrel® | Non-Preferred | PA |
| **Ace Inhibitor/Diuretic Combinations** | | |
| 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 |
| **Adrenolytics, Central** | | |
| Catapres® | Non-Preferred | PA |
| clonidine | Preferred | |
| Catapres-TTS® | Non-Preferred | PA |
| clonidine transdermal | Preferred | |
| guanfacine | Preferred | |
| **Aldosterone Receptor Antagonists** | | |
| Aldactone® | Non-Preferred | PA |
| eplerenone | Preferred | |
| Inspra® | Non-Preferred | PA |
| spironolactone | Preferred | |
| **Alpha Blockers** | | |
| Cardura® | Non-Preferred | PA |
| doxazosin | Preferred | |
| Minipress® | Non-Preferred | PA |
| prazosin | Preferred | |
| terazosin | Preferred | |
| **Angiotensin II Receptor Antagonists/Diuretic Combinations** | | |
| Avalide® | Non-Preferred | PA |
| Avapro® | Non-Preferred | PA |
| Cozaar® | Non-Preferred | PA |
| Diovan® | Non-Preferred | PA |

| DRUG | TIER | NOTES |
|---|---|---|
| Diovan HTC® | Non-Preferred | PA |
| Hyzaar® | Non-Preferred | PA |
| irbesartan | Preferred | |
| irbesartan/hydrochlorothiazide | Preferred | |
| losartan | Preferred | |
| losartan/hydrochlorothiazide | Preferred | |
| valsartan | Preferred | |
| valsartan/hydrochlorothiazide | Preferred | |
| Antiarrhythmics | | |
| amiodarone 200 mg | Preferred | |
| Betapace® / Betapace AF® | Non-Preferred | PA |
| disopyramide | Preferred | |
| dofetilide | Preferred | PA |
| flecainide | Preferred | |
| Norpace® | Non-Preferred | PA |
| Norpace CR® | Non-Preferred | PA |
| propafenone | Preferred | |
| propafenone ext-rel | Preferred | |
| Rythmol SR® | Non-Preferred | PA |
| sotalol tabs | Preferred | |
| Tikosyn® | Non-Preferred | PA |
| Antilipemic | | |
| atorvastatin | Preferred | |
| Crestor® | Non-Preferred | PA |
| cholestyramine | Preferred | |
| Colestid® | Non-Preferred | PA |
| 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 | PA |
| Lopid® | Non-Preferred | PA |

| DRUG | TIER | NOTES |
|---|---|---|
| lovastatin | Preferred | |
| 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 |
| Beta-Blockers | | |
| 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 | |
| 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 |
| Beta-Blocker/Diuretic Combinations | | |
| atenolol/chlorthalidone | Preferred | |
| bisoprolol/hydrochlorothiazide | Preferred | |
| Lopressor HCT® | Non-Preferred | PA |

| DRUG | TIER | NOTES |
|---|---|---|
| metoprolol/hydrochlorothiazide | Preferred | |
| Tenoretic® | Non-Preferred | PA |
| Ziac® | Non-Preferred | PA |
| Calcium Channel Blockers | | |
| 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 |
| Digitalis Glycosides | | |
| digoxin | Preferred | |
| digoxin ped elixir | Preferred | |
| Lanoxin® | Non-Preferred | PA |
| Diuretics | | |
| 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 | |

| DRUG | TIER | NOTES |
|---|---|---|
| Lasix® | Non-Preferred | PA |
| Maxzide® | Non-Preferred | PA |
| methazolamide | Preferred | |
| metolazone | Preferred | |
| spironolactone/hydrochlorothiazide | Preferred | |
| torsemide | Preferred | |
| triamterene/hydrochlorothiazide | Preferred | |
| Heart Failure | | |
| Corlanor® | Preferred | |
| Entresto® 6/6mg, 15/16mg | Preferred | |
| Nitrates | | |
| 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 | |
| Nitrostat® | Non-Preferred | PA |
| Pulmonary Arterial Hypertension | | |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| Uptravi® | Preferred | PA, SP |
| Miscellaneous | | |
| hydralazine | Preferred | |
| methyldopa | Preferred | |
| midodrine | Preferred | |
| **CENTRAL NERVOUS SYSTEM** | | |
| Antianxiety | | |
| 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 |
| buspirone | 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 |
| Anticonvulsants | | |
| 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 | |

| DRUG | TIER | NOTES |
|---|---|---|
| gabapentin capsules, oral solution | Preferred | QL (800mg, 4 QY per DY)(100mg, 300mg, 400mg,600mg,600mg,600mg, 600mg, 6 QY per DY) ( 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 | |
| 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 | 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| Vimpat® tabs, oral soln | Non-Preferred | PA |
| Zarontin® | Non-Preferred | PA |
| Zonegran® | Non-Preferred | PA |
| zonisamide | Preferred | |
| Anti-Depressants | | |
| 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 | |
| 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 |
| tranylcypromine | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| trazodone | Preferred | |
| venlafaxine | Preferred | |
| venlafaxine ext-rel | Preferred | |
| Wellbutrin SR® | Non-Preferred | PA |
| Wellbutrin XL® | Non-Preferred | PA |
| Zoloft® | Non-Preferred | PA |
| Antiparkinsonian Agents | | |
| 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 | |
| selegiline | Preferred | |
| Sinemet® | Non-Preferred | PA |
| Sinemet CR® | Non-Preferred | PA |
| Stalevo® | Non-Preferred | PA |
| trihexyphenidyl | Preferred | |
| Antipsychotics | | |
| 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 | |

| DRUG | TIER | NOTES |
|---|---|---|
| Clozaril® | Non-Preferred | PA |
| Fazaclo® | 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 |
| Risperdal Consta® | Preferred | |
| risperidone tablet, oral soln | Preferred | PA |
| Saphris® sublingual | Non-Preferred | PA |
| Seroquel® | Non-Preferred | PA |
| ziprasidone | Preferred | |
| Zyprexa® | Non-Preferred | PA |
| Attention Deficit Hyperactivity Disorder | | |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| Strattera® | Non-Preferred | PA, QL (10/18/25 mg: 120 QY per 25 DS,<br>40 mg: 60 QY per DS, 60/80/100mg: 30 QY per DS) |
| Vyvanse | Non-Preferred | PA |
| Hypnotics | | |
| 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 |
| 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) |
| Migraine | | |
| 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 per25 DS) |
| Maxalt® | Non-Preferred | PA, ST, QL |

| DRUG | TIER | NOTES |
|---|---|---|
| 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) |
| 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) |
| Miscellaneous-Migraine | | |
| Rilutek® | Non-Preferred | PA |
| Riluzole® | Preferred | |
| Mood Stabilizers | | |
| 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 |
| Movement Disorders | | |
| Ingrezza 40mg,60mg,80mg, CPSP40mg, CPSP60mg, CPSP80mg | Preferred | PA, ST, QL; only for chorea associated with Huntington's disease |
| Ingrezza 40-80mg | Preferred | PA,ST, QL; only for chorea associated with Huntington's disease |
| tetrabenazine | Preferred | PA, SP |
| Xenazine | Non-Preferred | PA, SP |

| DRUG | TIER | NOTES |
|---|---|---|
| **Multiple Sclerosis Agents** | | |
| 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) |
| teriflunomide | Preferred | PA, SP, QL (1 QY per DY) |
| **Musculoskeletal Therapy Agents** | | |
| 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 |
| **Myasthenia Gravis** | | |
| Mestinon® | Non-Preferred | PA |
| Mestinon Timespan® | Non-Preferred | PA |
| pyridostigmine | Preferred | |
| pyridostigmine ext-rel | Preferred | |
| **Narcolepsy/Cataplexy** | | |
| armodafinil | Preferred | PA, QL (150mg,200mg,250mg, 30 QY per 25 DS)(50mg, 60 QY per 25 DS) |

| DRUG | TIER | NOTES |
|---|---|---|
| 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) |
| Miscellaneous-Opioid Agonist/Antagonist/Psychotherapeutic | | |
| acamprosate calcium | Preferred | |
| Antabuse® | Non-Preferred | PA |
| buprenorphine sublingual | Preferred | |
| buprenorphine/naloxone sublingual tabs | Preferred | |
| buprenorphine/naloxone sublingual films | Preferred | |
| bupropion ext-rel | Preferred | |
| 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 |
| Rextovy® nasal spray 4mg/0.25ml | Preferred | QL (retail) = 2 cartons (4 nasal sprays) / 25 DS, QL (mail) 6 cartons (12 nasal sprays) / 75 DS |
| 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| 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® | Preferred | PA |
| 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 | |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 | |
| 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) |
| Segluromet® 2.5-500mg, 2.5-1000mg, 7.5-500mg, 7.5-1000mg | Preferred | ST, ST, QL (30 QY per 25 DY), (ST 30 QY) DS of metformin in past 180 DS) |
| Soliqua® | Preferred | ST |
| Steglatro® | Preferred | ST |
| Diabetic Supplies | | |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 | |
| Twiist Kit Starter, Refill, Refill Kit Infusion | Preferred | |
| Calcium Receptor Antagonists | | |
| 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) |
| Calcium Regulators | | |
| 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 |
| Central Precocious Puberty | | |
| Fensolvi kit 45mg | Preferred | PA, SP |
| Contraceptives (EE = ethinyl estradiol) | | |
| Monophasic | | |
| desogestrel/EE 0.15/30 - Apri | Preferred | |
| drospirenone/EE 3/20 | Preferred | |
| drospirenone/EE 3/30 | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 | |
| 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 |
| Biphasic | | |
| desogestrel/EE | Preferred | |
| Mircette® | Non-Preferred | PA |
| Triphasic | | |
| 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| Non-Hormonal (only) | | |
| Ojemda® susp 25mg/ml | Preferred | QL 8 BTL per 28 DS |
| Ojemda®tab 100mg | Preferred | QL 1 BOX per 28 DS |
| Progestin (only) | | |
| norethindrone | Preferred | |
| Ortho Micronor® | Non-Preferred | PA |
| Emergency Contraception | | |
| 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) |
| Injectable | | |
| 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) |
| Vaginal Transdermal | | |
| norelgestromin/ethinyl-estradiol 150-35mcg | Preferred | |
| Vaginal | | |
| etonogestrel/ethinyl-estradiol ring | Preferred | |
| NuvaRing® | Non-Preferred | PA |
| Miscellaneous | | |
| 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 |
| Endometriosis | | |
| danazol | Preferred | |
| Synarel® | Preferred | |
| Estrogens | | |
| Climara® | Non-Preferred | PA |
| Estrace® | Non-Preferred | PA |
| estradiol oral, patches | Preferred | |
| estradiol vaginal tabs | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| Vagifem® | Preferred | |
| **Estrogen/Progestins** | | |
| 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 |
| **Gaucher Disease** | | |
| Cerdelga® | Preferred | PA, SP, QL |
| Cerezyme® | Preferred | PA, SP, QL |
| **Glucocorticoids** | | |
| Cortef® | Non-Preferred | PA |
| dexamethasone | Preferred | |
| 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 |
| **Glucose Elevating Agents** | | |
| 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) |
| **Hereditary Tyrosinemia Type 1 Agents** | | |
| Nityr® | Preferred | PA, SP |
| **Human Growth Hormones** | | |
| Humatrope® inj 6mg, 12mg, 24mg | Preferred | PA, SP |
| Norditropin® inj | Preferred | PA, SP |
| Serostim® inj 4mg. 5mg, 6mg | Preferred | PA, SP |

| DRUG | TIER | NOTES |
|---|---|---|
| Sevenfact® inj (JNCW) | Preferred | PA, SP |
| Somatropin | Preferred | PA, SP |
| Zorbtive® inj 8.8mg | Preferred | PA, SP |
| Hyperparathyroid Treatment, Vitamin D analogs | | |
| 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 |
| Mineralocorticoid Receptor Antagonists | | |
| Kerendia® 10mg, 20mg | Preferred | PA |
| Phenylketonuria Treatment Agents | | |
| Kuvan® | Non-Preferred | PA, SP |
| sapropterin | Preferred | PA, SP |
| Phosphate Binder Agents | | |
| calcium acetate caps | Preferred | |
| Renvela® | Non-Preferred | PA, ST |
| sevelamer carbonate | Preferred | ST |
| Potassium-Removing Agents | | |
| sodium polystyrene sulfonate | Preferred | |
| Progestins | | |
| Aygestin® | Non-Preferred | PA |
| medroxyprogesterone acetate | Preferred | |
| norethindrone acetate | Preferred | |
| progesterone 100mg, 200mg capsule | Preferred | |
| Prometrium® | Non-Preferred | PA |
| Provera® | Non-Preferred | PA |
| Selective Estrogen Receptor Modulators | | |
| Evista® | Non-Preferred | PA |
| Osphena® | Preferred | PA |
| raloxifene | Preferred | |
| Thyroid Agents | | |
| Cytomel® | Non-Preferred | PA |
| levothyroxine | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| liothyronine | Preferred | |
| methimazole | Preferred | |
| propylthiouracil | Preferred | |
| Synthroid® | Non-Preferred | PA |
| Tapazole® | Non-Preferred | PA |
| Urea Cycle Disorders | | |
| 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) |
| Vasopressin Receptor Antagonists | | |
| tolvaptan | Preferred | PA, SP |
| Samsca® | Non-Preferred | PA, SP |
| Vasopressins | | |
| DDAVP® | Non-Preferred | PA |
| desmopressin spray, tabs | Preferred | |
| Miscellaneous | | |
| cabergoline | Preferred | PA, SP |
| **GASTROINTESTINAL** | | |
| Antacids | | |
| 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 |
| Antidiarrheals | | |
| 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| Antiemetics | | |
| 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 | PA, 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 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) |
| Antispasmodics | | |
| 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 | |

| DRUG | TIER | NOTES |
|---|---|---|
| **Cholelitholytics** | | |
| Actigall® | Non-Preferred | PA |
| Iqirvo ® | Non-Preferred | PA, SP, QL (30 tablets per 30 days) |
| Urso® | Non-Preferred | PA |
| ursodiol (Actigall & Urso) | Preferred | |
| **H2 Receptor Antagonists** | | |
| 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** | | |
| Apriso® | Preferred | |
| Azulfidine® | Non-Preferred | PA |
| Azulfidine EN®-Tabs | Non-Preferred | PA |
| balsalazide | Preferred | |
| budesonide aerosol rectal foam 2mg/act | Preferred | |
| symbicortde 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 | |
| Opioid-Induced Constipation | | |
| Movantik® | Preferred | |
| Pancreatic Enzymes | | |
| Viokase® | Preferred | |
| Zenpep® caps 60000 units | Preferred | |
| Prostaglandins | | |
| Cytotec® | Non-Preferred | PA |
| misoprostol | Preferred | |
| Proton Pump Inhibitors | | |
| 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 |
| Saliva Stimulants | | |
| pilocarpine tabs | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| Salagen® | Non-Preferred | PA |
| Steroids, Rectal | | |
| Proctozone®-HC 2.5% | Non-Preferred | PA |
| hydrocortisone crm 1%, 2.5% | Preferred | |
| Proctocort® 1%, 2.5% | Non-Preferred | PA |
| Miscellaneous | | |
| Carafate® | Non-Preferred | PA |
| Imodium® | Non-Preferred | PA |
| Iqirvo | Preferred | PA, QL |
| loperamide/simethicone | Preferred | OTC |
| sucralfate tabs | Preferred | |
| simethicone | Preferred | OTC |
| **GENITOURINARY** | | |
| Benign Prostatic Hyperplasia | | |
| 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 |
| Urinary Antispasmodics | | |
| 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 | |
| Vaginal Anti-Infectives | | |
| Cleocin® | Non-Preferred | PA |
| clindamycin crm | Preferred | |
| Clotrimazole crm | Preferred | OTC & Rx |

| DRUG | TIER | NOTES |
|---|---|---|
| Metronidazole gel, crm, supp, kits | Preferred | |
| Miconazole crm | Preferred | OTC & Rx |
| terconazole | Preferred | |
| Miscellaneous | | |
| bethanechol | Preferred | |
| phenazopyridine 100mg, 200mg | Preferred | OTC & Rx |
| potassium citrate ext-rel | Preferred | |
| Pyridium® | Non-Preferred | PA |
| Urocit-K® | Non-Preferred | PA |
| **HEMATOLOGIC** | | |
| Anticoagulants | | |
| 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 |
| Fylnetra 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 | | |
| Jivi® | 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 | |
| prasugrel | Preferred | |
| Platelet Synthesis Inhibitors | | |
| Agrylin® | Non-Preferred | PA |
| Anagrelide | Preferred | |
| Miscellaneous | | |
| cilostazol | Preferred | |
| Sickle Cell Disease | | |
| 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 | |
| **IMMUNOLOGIC AGENTS** | | |
| Autoimmune Agents | | |
| Adalimumab-ADAZ 40mg/0.4ml, 10mg/0.1ml PF | Preferred | PA, SP, QL |
| Adalimumab-FKJP 20/0.4ml, PSKT 20mg/0.4ml, 40mg/0.8ml | Preferred | PA, SP, QL |
| Avsola® injectable | Preferred | PA, SP, QL (Physician-Administered) |
| Cosentyx® | Preferred | PA, SP, QL (max 0.072 QY per DY) |
| Enbrel® | Preferred | PA, SP |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| Hadlima PUSHTOUCH 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) |
| Velsipity® 2mg | Preferred | PA, SP, QL(30 tablets per 30 DS) |
| Disease-Modifying Agents | | |
| 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 |
| Immunosuppressants | | |
| Azasan® | Preferred | |
| azathioprine | Preferred | |
| Cellcept® | Non-Preferred | PA |
| cyclosporine 25mg, 100mg | Preferred | |
| cyclosporine modified (for microemulsion) 25mg, 50mg, 100mg, 100mg/ml soln | Preferred | modified - Neoral |
| Imuran® | Preferred | |
| mycophenolate mofetil | Preferred | |
| mycophenolate sodium EC 180mg, 360mg | Preferred | |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 tabs | Preferred | |
| potassium bicarbonate effer tabs 25 mEq | Preferred | |
| potassium chloride ext-rel 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 | |
| folic acid | Preferred | |
| folic acid/vitamin B6/vitamin B12 | Preferred | OTC & Rx |
| magnesium oxide | Preferred | OTC |
| multivitamins/fluoride drops, tabs | Preferred | OTC |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| RESPIRATORY | | |
| Anaphylaxis Treatment Agents | | |
| 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) |
| Alpha-1 Antitrypsin Deficiency Agents | | |
| Prolastin-C® | Preferred | PA, SP |
| Anticholinergics | | |
| 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) |
| Anticholinergic/Beta Agonist | | |
| Bevespi Aero 9-4.8mcg | Preferred | QL (1 per DS) |
| Combivent Respimat® | Preferred | QL (2 QY per 25 DS) |

| DRUG | TIER | NOTES |
|---|---|---|
| ipratropium/albuterol nebulizer soln 0.5-2.5(3)mg/3ml | Preferred | QL (1 QY(30)/25 DS) |
| Anticholinergic/Beta Agonist/Steroid Combinations | | |
| Trelegy® | Preferred | QL (60 QY per 25 DS) |
| Antihistamines, Low Sedating | | |
| cetirizine | Preferred | OTC & Rx, AL (chewable tab for <12yrs) |
| Zyrtec® | Non-Preferred | PA |
| Antihistamines, Nonsedating | | |
| Allegra® | Non-Preferred | PA, OTC |
| Claritin® | Non-Preferred | PA, OTC |
| fexofenadine | Preferred | OTC |
| loratadine | Preferred | OTC |
| Antihistamines, Sedating | | |
| 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 |
| Antihistamine/Decongestant Combinations | | |
| 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 |
| Antitussives | | |
| benzonatate | Preferred | |
| Tessalon® | Non-Preferred | PA |
| Antitussive Combinations | | |
| guaifenesin-codeine 100mg/10ml liq | Preferred | QL (60ml QY per DS) |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 /pseudoephedrine | Preferred | |
| dextromethorphan/guaifenesin ext-rel | Preferred | OTC |
| dextromethorphan/guaifenesin liq, soln, | Preferred | OTC |
| dextromethorphan/guaifenesin/ pseudoephedrine syrup | Preferred | OTC |
| dextromethorphan/promethazine 6.25-15mg/5ml | Preferred | |
| hydrocodone/homatropine tablets | Preferred | QL (6 QY per DY) |
| hydrocodone/homatropine syrup | Preferred | QL (30ml QY per DY) |
| Non-opioid | | |
| Mucinex DM® tab 30-600mg ER | Preferred | OTC |
| Mucinex tablet 1200mg | Preferred | OTC |
| Mucinex tablet 60-1200mg | Preferred | OTC |
| Beta Agonists | | |
| 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) |
| Cystic Fibrosis | | |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| tobramycin inhal soln | Preferred | PA, SP, QL (2 QY per DY) |
| **Decongestants** | | |
| pseudoephedrine | Preferred | OTC |
| Sudafed® | Non-Preferred | PA, OTC |
| **Decongestant/Expectorant Combinations** | | |
| Mucinex DM® | -Preferred | OTC |
| pseudoephedrine/guaifenesin ext-rel | Preferred | OTC |
| pseudoephedrine/guaifenesin syrup 30 mg/ 100 mg/5 mL | Preferred | OTC |
| **Expectorants** | | |
| Diabetic Tussin® | Non-Preferred | PA,OTC |
| guaifenesin ext-rel | Preferred | OTC |
| guaifenesin liq, syp, tabs | Preferred | OTC |
| Mucinex® | Preferred | OTC |
| **Leukotriene Receptor Antagonists** | | |
| montelukast | Preferred | |
| Singulair® | Non-Preferred | PA |
| **Mast Cell Stabilizers** | | |
| cromolyn sodium nasal spray | Preferred | OTC |
| cromolyn soln for inhalation | Preferred | |
| Nasalcrom® | Non-Preferred | PA |
| **Medical Supplies** | | |
| aerochamber | Preferred | |
| blood pressure monitoring device | Preferred | |
| mask | Preferred | OTC |
| nebulizer | Preferred | OTC |
| sodium chloride for inhalation | Preferred | |
| spacer | Preferred | OTC, QL (2 QY per 365 DY) |
| vaporizer | Preferred | OTC |
| **Nasal Antihistamines** | | |
| azelastine spray | Preferred | QL (2 QY per 25 DS) |
| **Nasal Steroids** | | |
| budesonide spray | Preferred | OTC |
| Flonase® Allergy Relief | Non-Preferred | PA |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| Pulmonary Fibrosis Agents | | |
| Esbriet® | Non-Preferred | PA, SP, QL |
| pirfenidone caps | Preferred | PA, SP, QL |
| Respiratory Syncytial Virus | | |
| Synagis® | Preferred | PA, SP |
| Severe Asthma Agents | | |
| Fasenra® inj 10mg/0.5ml, 30mg/ml | Preferred | PA, SP, QL |
| Xolair® 75mg,150mg, 300mg | Preferred | PA, SP, QL |
| Steroid/Beta Agonist Combinations | | |
| fluticasone/vilanterol inhaler | Preferred | QL (1 QY per 25 DS) |
| Steroid Inhalants | | |
| 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, 0.5mg: 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 | 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| Qvar Redihaler® & inhaler | Non-Preferred | PA |
| Xanthines | | |
| Elixophyllin® | Non-Preferred | PA |
| theophylline ext-rel tabs | Preferred | |
| theophylline liquid | Preferred | |
| Miscellaneous | | |
| ipratropium nasal spray | Preferred | |
| Ocean® nasal spray | Non-Preferred | PA, OTC |
| sodium chloride nasal spray | Preferred | OTC |
| TOPICAL | | |
| Dermatology | | |
| 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 |
| 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 | |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| 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 |

| DRUG | TIER | NOTES |
|---|---|---|
| Mouth/Throat/Dental Agents | | |
| 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 | |
| Ophthalmic | | |
| 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 | |
| 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) |

| DRUG | TIER | NOTES |
|---|---|---|
| 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 |
| Xiidra® soln | Preferred | PA, QL (60 mL per 25 DS) |

| DRUG | TIER | NOTES |
|---|---|---|
| Zaditor® | Non-Preferred | PA |
| OTIC | | |
| acetic acid | Preferred | |
| Ciprodex | Non-Preferred | PA |
| ciprofloxacin/dexamethasone | Preferred | |
| neomycin/polymyxin B/hydrocortisone | Preferred | |
| ofloxacin | Preferred | |
| VAGINAL | | |
| acetic acid solution | Preferred | |
| clotrimazole | Preferred | |
| miconazole | Preferred | |