



HSCSN

Health Services for Children with Special Needs (HSCSN)

Drug Formulary

(List of Covered Drugs)

Effective 04/01/2026

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 physicians, pharmacists, a pharmacoeconomist, and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.

Table of Contents

ANALGESICS.....	1
Analgesics, Other	1
NSAIDs.....	1
NSAIDs, Topical.....	1
Cox-2 Inhibitors	1
Gout.....	1
Opioid Analgesics	2
Viscosupplements	3
ANTI-INFECTIVES.....	3
Anthelmintics	3
Antibacterials	3
Antifungals.....	4
Antimalarials.....	4
Antitubercular Agents	4
Antivirals.....	4
Miscellaneous.....	5
ANTINEOPLASTIC AGENTS.....	6
Alkylating Agents	6
Antimetabolites	6
Hormonal Antineoplastic Agents.....	7
Immunomodulators	7
Kinase Inhibitors	7
Kinase Inhibitors For CML.....	9
Multiple Myeloma.....	9

Miscellaneous.....	9
CARDIOVASCULAR.....	9
Ace Inhibitors.....	9
Ace Inhibitor/Calcium Channel Blocker.....	10
Ace Inhibitor/Diuretic Combinations.....	10
Adrenolytics, Central.....	10
Aldosterone Receptor Antagonists.....	10
Alpha Blockers.....	10
Angiotensin II Receptor Antagonists/Diuretic Combinations.....	11
Antiarrhythmics.....	11
Antilipemic.....	11
Beta-Blockers.....	12
Beta-Blocker/Diuretic Combinations.....	13
Calcium Channel Blockers.....	13
Digitalis Glycosides.....	13
Diuretics.....	14
Heart Failure.....	14
Nitrates.....	14
Pulmonary Arterial Hypertension.....	15
Miscellaneous.....	15
CENTRAL NERVOUS SYSTEM.....	15
Antianxiety.....	15
Anticonvulsants.....	16
Anti-Depressants.....	17
Antiparkinsonian Agents.....	18
Antipsychotics.....	19
Attention Deficit Hyperactivity Disorder.....	20
Hypnotics.....	21
Migraine.....	22
Miscellaneous-Migraine.....	22
Mood Stabilizers.....	23
Movement Disorders.....	23
Multiple Sclerosis Agents.....	23
Musculoskeletal Therapy Agents.....	23
Myasthenia Gravis.....	24
Narcolepsy/Cataplexy.....	24

Miscellaneous-Opioid Agonist/Antagonist/Psychotherapeutic.....	24
ENDOCRINE AND METABOLIC.....	25
Acromegaly.....	25
Androgens.....	25
Antidiabetics.....	25
Diabetic Supplies.....	26
Calcium Receptor Antagonists.....	27
Calcium Regulators.....	27
Central Precocious Puberty.....	28
Contraceptives (EE = ethinyl estradiol).....	28
Monophasic.....	28
Biphasic.....	29
Triphasic.....	29
Non-Hormonal (only).....	29
Progestin (only).....	29
Emergency Contraception.....	29
Injectable.....	29
Vaginal Transdermal.....	29
Vaginal.....	29
Miscellaneous.....	30
Endometriosis.....	30
Estrogens.....	30
Estrogen/Progestins.....	30
Gaucher Disease.....	30
Glucocorticoids.....	30
Glucose Elevating Agents.....	31
Hereditary Tyrosinemia Type 1 Agents.....	31
Human Growth Hormones.....	31
Hyperparathyroid Treatment, Vitamin D analogs.....	31
Mineralocorticoid Receptor Antagonists.....	31
Phenylketonuria Treatment Agents.....	31
Phosphate Binder Agents.....	31
Potassium-Removing Agents.....	32
Progestins.....	32
Selective Estrogen Receptor Modulators.....	32
Thyroid Agents.....	32

Urea Cycle Disorders	32
Vasopressin Receptor Antagonists.....	32
Vasopressins.....	32
Miscellaneous.....	32
GASTROINTESTINAL	33
Antacids	33
Antidiarrheals.....	33
Antiemetics	33
Antispasmodics	34
Cholelitholytics	34
H2 Receptor Antagonists	34
Inflammatory Bowel Disease.....	34
Irritable Bowel Syndrome.....	35
Laxatives/Stool Softeners.....	35
Opioid-Induced Constipation.....	35
Pancreatic Enzymes	35
Prostaglandins	36
Proton Pump Inhibitors	36
Saliva Stimulants.....	36
Steroids, Rectal	36
Miscellaneous.....	36
GENITOURINARY	36
Benign Prostatic Hyperplasia.....	36
Urinary Antispasmodics.....	37
Vaginal Anti-Infectives.....	37
Miscellaneous.....	37
HEMATOLOGIC	37
Anticoagulants	37
Hematopoietic Growth Factors	38
Hemophilia A Agents.....	38
Hereditary Angioedema Agents.....	38
Thrombocytopenic Agents.....	38
Paroxysmal Nocturnal Hemoglobinuria.....	38
Platelet Aggregation Inhibitors	38
Platelet Synthesis Inhibitors	39
Miscellaneous.....	39

Sickle Cell Disease.....	39
IMMUNOLOGIC AGENTS	39
Autoimmune Agents	39
Disease-Modifying Agents.....	40
Immunosuppressants	40
NUTRITIONAL/SUPPLEMENTS	40
Electrolytes.....	40
Vitamins & Minerals.....	41
Anaphylaxis Treatment Agents.....	42
Alpha-1 Antitrypsin Deficiency Agents.....	42
Anticholinergics	42
Anticholinergic/Beta Agonist.....	42
Anticholinergic/Beta Agonist/Steroid Combinations.....	42
Antihistamines, Low Sedating	43
Antihistamines, Nonsedating	43
Antihistamines, Sedating.....	43
Antihistamine/Decongestant Combinations	43
Antitussives	43
Antitussive Combinations	43
Non-opioid	44
Beta Agonists	44
Cystic Fibrosis.....	44
Decongestants	44
Decongestant/Expectorant Combinations	45
Expectorants.....	45
Leukotriene Receptor Antagonists.....	45
Mast Cell Stabilizers	45
Medical Supplies.....	45
Nasal Antihistamines	45
Nasal Steroids	45
Pulmonary Fibrosis Agents	46
Respiratory Syncytial Virus	46
Severe Asthma Agents	46
Steroid/Beta Agonist Combinations.....	46
Steroid Inhalants	46
Xanthines	47

Miscellaneous.....	47
Dermatology.....	47
Mouth/Throat/Dental Agents	50
Ophthalmic.....	51
OTIC	53
VAGINAL	53

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 tabs	Preferred	
ketorolac tromethamine tabs 10mg	Preferred	QL (20 QY per 25 DS)
Etodolac caps, tabs	Preferred	
meloxicam tabs 7.5, 15mg	Preferred	
Mobic® tabs	Non-Preferred	PA
nabumetone tabs	Preferred	
Naprosyn® tabs	Non-Preferred	PA
naproxen tabs	Preferred	OTC & Rx
oxaprozin tabs	Preferred	
sulindac tabs	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 cap	Preferred	PA
Gout		
allopurinol tabs	Preferred	
colchicine 0.6mg tabs	Preferred	QL (QY 60 caps per 25 DS, 120 QY per 25 DS)
Colcrys® 0.6mg tabs	Non-Preferred	PA, QL (60 QY per 25 DS, 120 QY 25 DS)

DRUG	TIER	NOTES
probenecid 500mg tablets	Preferred	
Zyloprim® tabs	Non-Preferred	PA
Opioid Analgesics		
codeine/acetaminophen	Preferred	QL Subject to initial 7-day limit. (90 MME per DS)
Dilaudid® tab	Non-Preferred	PA, QL Subject to initial 7-day limit. (90 MME per DS)
Duragesic® tab	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)
methadone 10mg/5ml soln	Preferred	ST, QL (confirm use for chronic pain)
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-day limit. (90 MME per DS)
MS Contin® tabs, soln	Non-Preferred	PA, QL Subject to initial 7-day limit. (90 MME per DS, 7 DS)
oxycodone tabs, caps, conc, soln excluded ER tabs	Preferred	QL Subject to initial 7-day limit. (90 MME per DS)
oxycodone/acetaminophen tabs	Preferred	QL Subject to initial 7-day limit. (90 MME per DS)
Percocet® tabs	Non-Preferred	PA, QL Subject to initial 7-day limit. (90 MME per DS)
tramadol 50mg tabs	Preferred	QL Subject to initial 7-day 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 tabs	Preferred	QL Subject to initial 7-day limit. (QY 40 per 25 DS)
Ultracet® tabs	Non-Preferred	PA, QL Subject to initial 7-day limit. (QY 40 per 25 DS)

AL = Age Limit; DS = Days' Supply; DY = Day; MME = Morphine Milligram Equivalents; OTC = Over the counter;
 PA = Prior Authorization; QL = Quality Limit; QY = Quantity; Rx=Prescription; SP = Specialty Drug; ST = Step Therapy
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DRUG	TIER	NOTES
Ultram ER® tabs	Non-Preferred	PA, QL (Subject to initial 7-day limit)
Viscosupplements		
sodium hyaluronate intra-articular gel	Preferred	PA
ANTI-INFECTIVES		
Anthelmintics		
Emverm® chew 100mg tabs	Preferred	QL (12 QY per 365 DS)
ivermectin 3mg tabs	Preferred	
pyrantel pamoate 144mg/ml susp	Preferred	OTC
Antibacterials		
Augmentin® tabs	Non-Preferred	PA
amoxicillin chew, caps, tabs, susp	Preferred	
amoxicillin/clavulanate tabs, susp	Preferred	
ampicillin caps,	Preferred	
azithromycin tabs, susp	Preferred	
Bicillin L-A® inj	Preferred	only available as brand
cefadroxil caps, susp	Preferred	
cefdinir caps, susp	Preferred	
cefprozil tabs, susp	Preferred	
cefuroxime axetil tab	Preferred	
cephalexin caps, tab susp	Preferred	
Cipro®	Non-Preferred	PA
ciprofloxacin tab 250mg, 500mg, 750mg	Preferred	
clarithromycin tabs, susp	Preferred	
dicloxacillin caps	Preferred	
Dificid susp, tabs	Preferred	PA
doxycycline hyclate tabs, caps	Preferred	
doxycycline monohydrate susp	Preferred	
E.E.S.®	Non-Preferred	PA
erythromycin base tabs	Preferred	
erythromycin ethylsuccinate tabs, susp	Preferred	
erythromycin stearate tabs	Preferred	
Keflex®	Non-Preferred	PA
levofloxacin soln 25mg/ml, 250mg, 500mg, 750mg	Preferred	
Minocin®	Non-Preferred	PA
minocycline caps	Preferred	

DRUG	TIER	NOTES
neomycin sulfate tabs 500mg	Preferred	
penicillin G inj	Preferred	
penicillin VK tabs, susp	Preferred	
sulfadiazine 500mg tabs	Preferred	
sulfamethoxazole/trimethoprim tabs, susp	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 susp, tabs	Preferred	
griseofulvin 125mg susp	Preferred	
griseofulvin 125mg, 250mg tabs	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 tabs, susp	Preferred	PA
Antimalarials		
atovaquone/proguanil tabs	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 tabs	Preferred	QL (QY 8 per 180 DS)
Antitubercular Agents		
ethambutol tabs	Preferred	
isoniazid tabs, syrup	Preferred	
Myambutol®	Non-Preferred	PA
pyrazinamide tabs	Preferred	
rifabutin caps	Non-Preferred	PA
rifampin caps	Preferred	
Antivirals		
acyclovir caps, susp, tabs	Preferred	
adefovir dipivoxil	Preferred	

DRUG	TIER	NOTES
chloroquine phosphate 250mg, 500mg tabs	Preferred	QL (QY 8 per 180 DS)
Dificid® susp, tabs	Preferred	PA
entecavir 0.5mg, 1mg tabs	Preferred	QL
Epivir-HBV®	Non-Preferred	PA
famciclovir 125mg, 250mg, 500mg tabs	Preferred	
Hepsera®	Non-Preferred	PA
lamivudine tabs	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 tabs	Preferred	QL (QY 8 per 180 DS)
oseltamivir 30mg, 45mg, 75mg, 6mg/ml	Preferred	QL
Paxlovid 150-100mg, 300-100mg tabs	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®180mcg/ml, 180mcg/0.5ml soln	Preferred	PA, SP
ribavirin 200 mg caps, tabs	Preferred	PA, SP
Sofos/Velpat 400-100mg tabs	Preferred	PA, QL; Coverage for genotypes 1,2, 3, 4, 5, 6
Tamiflu®	Non-Preferred	PA, QL (20 per 90 DS)
valacyclovir soln, tabs	Preferred	QL (4 per DY)
Valcyte®	Non-Preferred	PA, QL (4 per DY)
valganciclovir tabs	Preferred	
Valtrex®	Non-Preferred	PA
Zovirax®	Non-Preferred	PA

Miscellaneous

atovaquone suspension 750mg/ml	Preferred	
Cleocin®	Non-Preferred	PA
clindamycin 150mg, 300mg caps	Preferred	
Dapsone 25mg, 100mg	Preferred	
Daraprim® 25mg, 100mg	Non-Preferred	PA
Flagyl®	Non-Preferred	PA
Furadantin®	Non-Preferred	PA
ivermectin lotion 0.5%	Preferred	
linezolid 600 mg tab, 100 mg susp	Preferred	PA

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DRUG	TIER	NOTES
linezolid inj 2mg	Preferred	PA
Macrobid®	Non-Preferred	PA
Macrodantin®	Non-Preferred	PA
Mepron®	Non-Preferred	PA
metronidazole caps, tabs	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

ANTINEOPLASTIC AGENTS

Alkylating Agents

Alkeran®	Non-Preferred	PA
busulfan 2mg	Preferred	
chlorambucil 2mg	Preferred	
cyclophosphamide caps	Preferred	
Gleostine®	Preferred	
Leukeran®	Non-Preferred	PA
melfhalan	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		
Lenalidomide capsule 2.5 mg, 5 mg, 10 mg, 15mg, 20mg, 25mg	Preferred	PA, SP, QL (2.5mg,5mg,10mg,15mg - 28 capsules per 28 days) (20mg, 25mg- 21 capsules per 28 days)
Revlimid®	Non-Preferred	PA, SP, QL
Thalomid ®	Preferred	PA, SP, QL (200 mg/150 mg, 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 (60 mg, 3 per DY) (100 mg 2 per DY) (140 mg 4 per DY)
dasatinib 20mg, 50mg, 70mg, 80mg, 100mg, 140mg tabs	Preferred	PA, QL
erlotinib tabs	Preferred	PA, SP, QL (100 mg,150 mg 1 per DY) (25 mg 2 per DY)
everolimus tabs	Preferred	PA, SP, QL (1 per DY)

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DRUG	TIER	NOTES
Gilotrif®	Preferred	PA, SP, QL (20 mg, 30 mg, 40 mg 1 per DY)
Ibuprofen® 200mg capsule	Preferred	PA, QL,
imatinib mesylate 100mg, 400mg tabs	Preferred	PA, QL
Imkeldi® 80mg/ml	Preferred	PA, SP, QL (2 bottles per 28 days)
Inlyta® 1mg, 5mg	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 ditosylate 250mg tabs	Preferred	PA, QL (250mg, 6 per DY)
Lenvima® & CPPK therapy pk 4mg, 8mg, 10mg, 12mg, 20mg CPPK pk 14mg, 18mg 20mg caps	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® solution 0.05mg/ml 0.5mg, 2mg tab	Preferred	PA, SP, QL (2mg, 1per DY)(0.5mg 3 per DY)(0.05mg/ml 38.572 per DY)
Mvasi® solution 100mg/4ml, 400mg/4ml	Preferred	PA
nilotinib 50mg, 150mg, 200mg caps	Preferred	PA, SP, QL (150mg & 200mg 120 capsule per 30 days) (50mg 30 capsules per 30 days)
Rozlytrek®	Preferred	PA, SP, QL (200mg, 2 per DY) (100mg, 1 per DY)
Rydapt®	Preferred	PA, QL (8 per DY)
Stivarga®	Preferred	
Sprycel®	Preferred	PA, SP, QL (20mg, 90 QY per 30 DS; 50mg,70mg,80mg, 140mg, 30 QY per 30 DS)
sunitinib caps	Preferred	PA, SP, QL (1 per DY)
Tafinlar®	Preferred	PA, SP, QL (50 mg,75 mg, 4 per DY) (10 mg, 30 cc per DY)
Tukysa®	Preferred	PA, QL
Verzenio®	Preferred	PA, QL (1 per DY)
Votrient®	Preferred	PA, SP, QL (4 per DY)
Xalkori®	Preferred	PA, SP, QL (4 per DY)
Xospata® 40mg	Preferred	PA, QL (3 per DY)
Zirabev®solution	Preferred	PA

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DRUG	TIER	NOTES
Zydelig® 100mg, 150mg	Preferred	PA, SP, QL (2 per DY)
Kinase Inhibitors For CML		
Gleevec®	Non-Preferred	PA, SP
imatinib tabs	Preferred	PA, QL (400mg 2 per DY)(100mg 4 per DY)
Tagrisso® 40mg, 80mg	Preferred	PA, SP, QL (30 capsules per 30 days)
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®	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	

DRUG	TIER	NOTES
captopril	Preferred	
enalapril	Preferred	
fosinopril	Preferred	
lisinopril	Preferred	
Lotensin®	Non-Preferred	PA
quinapril	Preferred	
ramipril	Preferred	
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

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DRUG	TIER	NOTES
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
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
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	

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DRUG	TIER	NOTES
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
lovastatin	Preferred	
Nexletol®	Preferred	PA , Confirms use to reduce LDL-C in an adult with primary hyperlipidemia when prescribed as an adjunct to diet and used in combination with other LDL-C lowering therapies or use of other LDL-C lowering therapies is not possible. For COT, patient must achieve or maintain a reduction in LCL-C from baseline.
niacin ext-rel	Preferred	
Niaspan®	Non-Preferred	PA
Pravachol®	Non-Preferred	PA
pravastatin	Preferred	
rosuvastatin	Preferred	
Questran/Questran Light®	Non-Preferred	PA
Repatha®	Preferred	SP, QL (3 syringe/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

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DRUG	TIER	NOTES
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
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	

DRUG	TIER	NOTES
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	
Lasix®	Non-Preferred	PA
Maxzide®	Non-Preferred	PA
methazolamide	Preferred	
metolazone	Preferred	
spironolactone/hydrochlorothiazide	Preferred	
toremide	Preferred	
triamterene/hydrochlorothiazide	Preferred	
Heart Failure		
Corlanor® oral soln 5mg/5ml	Preferred	
ivabradine tablets 5mg, 7.5mg	Preferred	
sacubitril/valsartan 24-26mg, 49-51mg, 97-103mg	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	

DRUG	TIER	NOTES
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
Remodulin® inj	Non-Preferred	PA, SP
Revatio®	Non-Preferred	PA, SP
sildenafil	Preferred	PA, SP
Tracleer®	Non-Preferred	PA, SP
treprostinil inj	Preferred	PA, SP
Tyvaso® DPI soln 0.6mg/ml, DPI Pow 16-32-48,16-32mcg, 32-48mcg, Maintenance kit	Preferred	PA, SP, QL
Uptravi® 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg; 200/800 pk	Preferred	PA, SP, QL
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
bupirone tabs	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)

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DRUG	TIER	NOTES
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	
gabapentin capsules, oral solution	Preferred	QL (800mg, 4 QY per DY)(100mg, 300mg, 400mg,600mg, 6 QY per DY) (250mg/5ml, 300mg/6ml, 72cc QY 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	

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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	PA
Tegretol®	Non-Preferred	PA
Tegretol-XR®	Non-Preferred	PA
tiagabine	Preferred	
Topamax®	Non-Preferred	PA
topiramate sprinkle caps, tabs	Preferred	
Trileptal®	Non-Preferred	PA
valproic acid	Preferred	
valproate sodium soln, caps	Preferred	
vigabatrin	Preferred	PA, SP, QL(6QY Per DY)
Vigafyde soln 100mg/ml	Preferred	PA, QL(900ml per 30 DS)
Vimpat® tabs, oral soln	Non-Preferred	PA
Zarontin®	Non-Preferred	PA
Zonegran®	Non-Preferred	PA
zonisamide	Preferred	
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	

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DRUG	TIER	NOTES
mirtazapine	Preferred	
Nardil®	Non-Preferred	PA
Norpramin®	Non-Preferred	PA
nortriptyline®	Preferred	
Pamelor®	Non-Preferred	PA
Parnate®	Non-Preferred	PA
paroxetine HCl	Preferred	
paroxetine HCl ext-rel	Preferred	
Paxil®	Preferred	
Paxil CR®	Non-Preferred	PA
phenelzine®	Preferred	
Prozac®	Non-Preferred	PA
Remeron®	Non-Preferred	PA
sertraline®	Preferred	
Tofranil®	Non-Preferred	PA
tranlycypromine	Preferred	
trazodone	Preferred	
venlafaxine	Preferred	
venlafaxine ext-rel	Preferred	
Wellbutrin SR®	Non-Preferred	PA
Wellbutrin XL®	Non-Preferred	PA
Zoloft®	Non-Preferred	PA
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	

DRUG	TIER	NOTES
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	
Clozaril®	Non-Preferred	PA
Erzofri®	Preferred	
Fazaclor®	Non-Preferred	PA
fluphenazine	Preferred	
fluphenazine decanoate inj	Preferred	
fluphenazine inj	Preferred	
Geodon®	Non-Preferred	PA
Haldol®	Non-Preferred	PA
Haldol Decanoate®	Non-Preferred	PA
Haloperidol®	Preferred	
haloperidol decanoate inj	Preferred	
haloperidol lactate inj	Preferred	
Invega® tablet ext-rel	Non-Preferred	PA
Invega Sustenna®	Preferred	
Invega Trinza®	Preferred	
olanzapine®	Preferred	
paliperidone ext-rel	Preferred	PA
perphenazine	Preferred	
thiothixene	Preferred	
trifluoperazine	Preferred	
quetiapine	Preferred	
Risperdal® tablet, oral soln	Non-Preferred	PA

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DRUG	TIER	NOTES
Risperdal Consta®	Preferred	
risperidone tablet, oral soln	Preferred	PA
Rykindo® 25mg, 37.5mg, 50mg inj	Preferred	
Saphris® sublingual	Non-Preferred	PA
Seroquel®	Non-Preferred	PA
ziprasidone	Preferred	
Zyprexa®	Non-Preferred	PA
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)
clonidine ext-rel tabs	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

DRUG	TIER	NOTES
lisdexamfetamine	Preferred	
methylphenidate tabs	Preferred	QL (5 mg/10mg: 210 QY per 25 DS, 20mg: 90 QY per 25 DS)
Methylin® soln	Non-Preferred	PA, QL (5 mg/mL: 1800 mL QY per 25 DS, 10mg/mL: 900 mL QY per 25 DS)
methylphenidate ext-rel osm tabs (Concerta)	Preferred	QL (18/27/36 60 QY per 25 DS, 54 mg: 30 QY per 25 DS)
methylphenidate ext-rel caps 20 mg, 30 mg, 40mg (Ritalin LA)	Preferred	QL (20mg,30mg: 60 per 25 DS; 180 per 75 DS; 40mg:30 QY per 25 DS;90 per 75 DS)
methylphenidate solution	Preferred	QL (5 mg/mL: 1800 mL QY per 25 DS, 10mg/mL: 900 mL QY per 25 DS)
Ritalin®	Non-Preferred	PA, QL (5 mg/10mg: 210 QY per 25 DS, 20mg: 90 QY per 25 DS)
Ritalin LA® caps	Non-Preferred	PA, QL (10 mg: 150 QY per 25 DS, 20mg: 60 per 25 DS; 180 per 75 DS; 30 mg: 90 QY per 25 DS, 40mg:30 QY per 25 DS)
Strattera®	Non-Preferred	PA, QL (10/18/25 mg: 120 QY per 25 DS, 40 mg: 60 QY per DS, 60/80/100mg: 30 QY per DS)
Vyvanse	Non-Preferred	PA

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

DRUG	TIER	NOTES
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® tabs, nasal spray, injection	Non-Preferred	PA, QL (12 tablet QY per 25 DS), (6 inj QY per 25 DS) (1 QY per 25 DS)
Maxalt®	Non-Preferred	PA, ST, QL
naratriptan	Preferred	ST, QL (12 QY per 25 DS)
Nurtec® 75mg ODT	Preferred	ST, QL, Initial ST: Try/fail 30 days of 2 triptans within the past 180 days OR 56-day supply of divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days Initial Limit: 16 ODT / 25 days, 48 ODT / 75 days; If initial ST not met or if initial limit exceeded, PA is required. 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	

DRUG	TIER	NOTES
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		
Austedo® tablet 6mg, 9mg, 12mg	Preferred	PA, SP, QL (6mg-60 capsules per 30 days)(9mg & 12mg-120 capsules per 30 days)
valbenazine 40mg,60mg,80mg, 40mg, 60mg, 80mg sprinkles, therapy pack 40mg/7, 80mg/21	Preferred	PA, ST, QL; only for chorea associated with Huntington's disease
tetrabenazine 12.5mg, 25mg	Preferred	PA, SP
Xenazine	Non-Preferred	PA, SP
Multiple Sclerosis Agents		
Avonex® packet 30mcg/0.5ml, Pen AJKT	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)
fingolimod 0.mg caps	Preferred	PA, SP, QL (1 per DY)
Gilenya®	Preferred	PA, SP, QL (1 per DY)
Glatiramer 20mg/ml, 40mg/ml	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 7mg, 14mg	Preferred	PA, SP, QL (1 QY per DY)
Musculoskeletal Therapy Agents		
baclofen 10 mg, 20 mg tabs	Preferred	
carisoprodol 350mg tabs	Preferred	QL (84 QY per 25 DS)
chlorzoxazone 500mg tabs	Preferred	
cyclobenzaprine 5mg. 10mg tabs	Preferred	
Dantrium® 25mg, 50mg, 100mg	Non-Preferred	PA
dantrolene 25mg, 50mg, 100mg	Preferred	

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DRUG	TIER	NOTES
methocarbamol 500mg, 750mg tabs	Preferred	
orphenadrine ext-rel 100mg tabs	Preferred	
Robaxin® 500mg, 750mg	Non-Preferred	PA
Soma® 500mg (only)	Non-Preferred	PA
tizanidine tabs 2mg, 4mg tabs	Preferred	
Zanaflex® 2mg, 4mg tabs	Non-Preferred	PA
Myasthenia Gravis		
Mestinon® 60mg/5ml soln, 60mg tabs	Non-Preferred	PA
Mestinon Timespan® 180mg	Non-Preferred	PA
pyridostigmine 60mg/5ml soln, 60mg tabs	Preferred	
pyridostigmine ext-rel 180mg tabs	Preferred	
Narcolepsy/Cataplexy		
armodafinil 50mg, 150mg, 200mg, 250mg tabs	Preferred	PA, QL (150mg,200mg,250mg, 30 QY per 25 DS)(50mg, 60 QY per 25 DS)
modafinil 100mg, 200mg tabs	Preferred	PA, QL (60 QY per 25 DS)
Nuvigil® 50mg, 150mg, 200mg, 250mg tabs	Non-Preferred	PA, QL (PA, QL150mg,200mg,250mg, 30 QY per 25 DS)(50mg, 60 QY per 25 DS)
Provigil® 100mg, 200mg tabs	Non-Preferred	PA, QL (60 QY per 25 DS)
Miscellaneous-Opioid Agonist/Antagonist/Psychotherapeutic		
acamprosate calcium 333mg tabs	Preferred	
Antabuse® 250mg, 500mg tabs	Non-Preferred	PA
buprenorphine sublingual	Preferred	
buprenorphine/naloxone sublingual tabs	Preferred	
buprenorphine/naloxone sublingual films	Preferred	
bupropion ext-rel	Preferred	
Chantix®	Preferred	
disulfiram 250mg, 500mg	Preferred	
naloxone nasal spray 4mg/0.1ml	Preferred	
naltrexone 50mg	Preferred	
Narcan nasal spray® 4mg/0.1ml	Preferred	QL (4 QY per 180 DS)
Nicorette gum®	Non-Preferred	PA
nicotine polacrilex gum	Preferred	OTC
nicotine transdermal	Preferred	OTC
Rivive® nasal spray 3mg/0.1ml	Preferred	QL, OTC
Nuedexta®	Preferred	PA

DRUG	TIER	NOTES
Suboxone® sublingual film	Preferred	QL (60 QY per 25 DS)
Zubsolv® sublingual	Preferred	QL (90 QY per 25 DS)
Zyban®	Non-Preferred	PA
ENDOCRINE AND METABOLIC		
Acromegaly		
octreotide acetate	Preferred	PA, SP
Sandostatin®	Non-Preferred	PA, SP
Somatuline Depot®	Preferred	PA, SP
Androgens		
Androgel®	Non-Preferred	PA
Delatestryl®	Non-Preferred	PA
Depo-Testosterone®	Non-Preferred	PA
Fortesta®	Non-Preferred	PA
testosterone cypionate	Preferred	PA
testosterone enanthate	Preferred	PA
testosterone gel	Preferred	PA
testosterone gel 25 mg/2.5mg	Preferred	PA
Antidiabetics		
acarbose	Preferred	
alogliptin	Preferred	
alogliptin/metformin	Preferred	
alogliptin/pioglitazone	Preferred	
Actoplus Met®	Non-Preferred	PA
Actos®	Non-Preferred	PA
Admelog® 100u/ml, solo star	Preferred	
Amaryl®	Non-Preferred	PA
Duetact®	Non-Preferred	PA
Glargin YFGN 100u/ml	Preferred	
glimepiride 1mg, 2mg, 4mg tabs	Preferred	
glipizide tabs 5mg, 10mg, ER 2.5mg, 5mg, 10mg	Preferred	
glipizide ext-rel	Preferred	
glipizide-metformin	Preferred	
Glucotrol®	Non-Preferred	PA
Glucotrol XL®	Non-Preferred	PA
Humalog mix® inj 50/50kwp, 75/25kwp, 75/25 susp	Preferred	kwp-kwikpen

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DRUG	TIER	NOTES
Humulin 70/30® inj & kwp	Preferred	OTC, kwp-kwikpen
Humulin N® 100u, kwp	Preferred	OTC, kwp-kwikpen
Humulin R ®100u, U-500conc, U-500kwp	Preferred	kwp-kwikpen
Jardiance® 10mg, 25mg tabs	Preferred	ST (30 days supply of metformin in the past 180 days)
Kazano®	Non-Preferred	PA
liraglutide pen 6mg/ml	Preferred	ST, QL (ST 30 DS of metformin in past 180DS)
lisopro inj 100u/ml	Preferred	
Metaglip®	Non-Preferred	PA
metformin	Preferred	
metformin ext-rel	Preferred	
Nesina®	Non-Preferred	PA
nateglinide 60mg, 120mg tabs	Preferred	
Novolin® inj 70/30, & flex pen	Preferred	OTC
Novolin N® inj 100u susp, 100u flex pen	Preferred	OTC
Novolin R® inj 100u, 100u flex pen	Preferred	OTC
Novolog Mix 70/30® inj, flex pen	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 15mg, 30mg, 45mg tabs	Preferred	
pioglitazone/glimepiride 30-2mg, 30-4mg tabs	Preferred	
pioglitazone/metformin 15-500mg, 15-850mg tabs	Preferred	
Precose® tabs	Non-Preferred	PA
repaglinide 0.5mg, 1mg, 2mg tabs	Preferred	
Rezvoglar kwikpen 100u/ml	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)
Soliqua® inj 100/33units	Preferred	ST
Diabetic Supplies		
alcohol swabs pad 70%	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)

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DRUG	TIER	NOTES
Accu-Chek Smart Kit & test strips	Preferred	OTC, QL(150 test strips per 25 days)
Embecta Ultra Fine Pen Needle	Preferred	29G x 12.7MM, 31G X 5MM, 31G x 8MM, 32G x 6MM
Embecta needle duo 30G x 5mm Pen Needle	Preferred	(30G x 5MM 1/5" or 3/16")
Embecta nano 32g x 4mm Pen Needle	Preferred	(32G 1/6" or 5/32")
Chemstrip Test 2, 5, 7, 9, 10 K, UGK	Preferred	QL, (100 per 25 days)
Diascreen 10	Preferred	
Diastix Test strips	Preferred	
Dexcom Continuous Glucose Monitoring System®G6	Preferred	QL, Transmitter, Sensor, Receiver (3 per 25 days)
Dexcom Continuous Glucose Monitoring System®G7	Preferred	QL, Sensor, Receiver (3 per 25 days)
Ketone urine test strips	Preferred	OTC
Lancets	Preferred	OTC
Multistix® urine test products	Preferred	OTC
Insulin Needles U 100	Preferred	1/2 ML 31 X 15/64", 1/2 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 15/64", 1 ML 31 X 5/16"
Omnipod 5 G6 Kit Intro	Preferred	OTC
Omnipod 5 G6 MIS PODS	Preferred	OTC
Omnipod 5 G7 Intro Kit	Preferred	OTC
Omnipod 5 G7 MIS PODS	Preferred	OTC
Omnipod 5 MIS POD G7G6	Preferred	OTC
Omnipod Dash Insulin Infusion Pump	Preferred	
Omnipod Insulin Infusion Pump	Preferred	
Twiiist Kit Starter, Refill, Refill Kit Infusion	Preferred	
Calcium Receptor Antagonists		
cinacalcet 30mg, 60mg, 90mg tabs	Preferred	PA, SP, QL(30mg,60mg2QY per DY (90mg,4 QY Per DY)
Sensipar® tabs	Non-Preferred	PA, SP, QL(30mg,60mg2QY per DY (90mg,4 QY Per DY)
Calcium Regulators		
alendronate sodium 10mg, 35mg, 70mg tabs	Preferred	
calcitonin-(salmon) 200usoln	Preferred	

DRUG	TIER	NOTES
Fosamax® tabs	Non-Preferred	PA
Miacalcin® spray	Non-Preferred	PA
Prolia® inj 60mg/ml	Preferred	PA, SP, QL
Triptodur® susp 22.5mg	Preferred	PA, SP
Tymlos® 3120mcg/1.56ml	Preferred	PA, SP, QL
Central Precocious Puberty		
Fensolvi inj kit 45mg	Preferred	PA, SP
Contraceptives (EE = ethinyl estradiol)		
Monophasic		
desogestrel/EE	Preferred	
drosiprenone/EE	Preferred	
drosiprenone/EE	Preferred	
ethynodiol diacetate/EE 1/35	Preferred	
ethynodiol diacetate/EE 1/50	Preferred	
levonorgestrel/EE	Preferred	
levonorgestrel (emergency) 1.5mg tabs	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® tabs	Non-Preferred	PA

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DRUG	TIER	NOTES
Yaz® tabs	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
Non-Hormonal (only)		
tovorafenib susp 25mg/ml	Preferred	QL 8 BTL per 28 DS
tovorafenib 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		
NuvaRing®	Non-Preferred	PA
etonogestrel/ethinyl-estradiol ring	Preferred	

DRUG	TIER	NOTES
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	
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	
prednisolone sodium phosphate orally disintegrating tabs	Preferred	

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DRUG	TIER	NOTES
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
Sevenfact® inj (JNCW)	Preferred	PA, SP
Somatropin	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

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DRUG	TIER	NOTES
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	
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

DRUG	TIER	NOTES
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
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	

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DRUG	TIER	NOTES
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	
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	
Symbicort delayed-rel caps	Preferred	
Entocort EC®	Non-Preferred	PA
hydrocortisone enema	Preferred	
mesalamine ext-rel caps	Preferred	

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DRUG	TIER	NOTES
mesalamine rectal susp, supp	Preferred	
Rowasa® rectal susp	Non-Preferred	PA
sulfasalazine	Preferred	
sulfasalazine delayed-rel	Preferred	
Irritable Bowel Syndrome		
lubiprostone	Preferred	
Amitiza®	Non-Preferred	PA
Laxatives/Stool Softeners		
bisacodyl enema, tab, supp	Preferred	OTC
Colace®	Non-Preferred	PA
Colyte®	Non-Preferred	PA
docusate calcium	Preferred	OTC
docusate sodium	Preferred	OTC
Dulcolax®	Non-Preferred	PA, OTC
Golytely®	Non-Preferred	PA
Kristalose®	Preferred	
Lactulose	Preferred	
Miralax®	Non-Preferred	PA
Nulytely®	Non-Preferred	PA
polyethylene glycol 3350/electrolytes	Preferred	Nulytely, Golytely, Colyte
polyethylene glycol 3350	Preferred	OTC
Senna®	Preferred	OTC
Senna Plus®	Non-Preferred	PA
sennosides	Preferred	OTC
sennosides/docusate sodium	Preferred	OTC
Senokot®	Non-Preferred	PA
Suprep Bowel Prep kit	Preferred	
Opioid-Induced Constipation		
Movantik® tablets	Preferred	
Pancreatic Enzymes		
Viokase® tablet	Preferred	10440, 20880 tablets
Zenpep® capsules	Preferred	3000u, 5000u, 10000u, 15000u, 20000u, 25000u, 40000u, 60000u caps

DRUG	TIER	NOTES
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	
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

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DRUG	TIER	NOTES
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	
tropium	Preferred	
Vaginal Anti-Infectives		
Cleocin®	Non-Preferred	PA
clindamycin 2% cream	Preferred	
clotrimazole 1%, 2%, cream	Preferred	OTC & Rx
metronidazole gel 0.75%	Preferred	
miconazole crm	Preferred	OTC & Rx
terconazole	Preferred	
Miscellaneous		
bethanechol 5mg, 10mg, 25mg, 50mg tabs	Preferred	
phenazopyridine 100mg, 200mg	Preferred	OTC & Rx
potassium citrate (alkalinizer) ext-rel 10meq, 15meq, 540mg tabs	Preferred	
Pyridium®	Non-Preferred	PA
Urocit-K®	Non-Preferred	PA
HEMATOLOGIC		
Anticoagulants		
Arixtra® tabs	Non-Preferred	PA
Coumadin® tabs	Non-Preferred	PA
dabigatran 75mg, 110mg, 150mg	Preferred	
Eliquis® CPSP 0.15mg, 2.5mg, 5mg tabs, 0.5mg, 5mg starter pk	Preferred	
enoxaparin sodium soln	Preferred	

DRUG	TIER	NOTES
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Preferred	
Lovenox®	Non-Preferred	PA
warfarin sodium 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Preferred	
Hematopoietic Growth Factors		
Aranesp®	Preferred	PA, SP
Fylmetra syringe 6mg/0.6ml	Preferred	PA, SP, QL (2 syringes per 28 DS)
Fulphila syringe 6mg/0.6ml	Preferred	PA,SP, QL (2 syringes per 28 DS)
Retacrit®	Preferred	PA, SP
Zarxio®	Preferred	PA, SP
Hemophilia A Agents		
Esperoct® 1000u, 1500u, 2000u, 3000u, 4000u, 5000u	Preferred	PA, SP
Hemlibra	Preferred	PA, SP
Hereditary Angioedema Agents		
Cinryze® 500u	Preferred	PA, SP, QL (500u, 0.667u per DY)
Haegarda® 2000u, 3000u	Preferred	PA, SP, QL (0.667u per DY)
Firazyr®	Preferred	PA, SP
icatibant	Preferred	PA, SP
Ruconest®	Preferred	PA
Thrombocytopenic Agents		
Doptelet® 20mg tablets, sprinkle 10mg capsule	Preferred	PA, SP, QL (sprinkle 10mg capsule 60 per 30 days)
Paroxysmal Nocturnal Hemoglobinuria		
Soliris®	Preferred	PA, SP
Platelet Aggregation Inhibitors		
aspirin	Preferred	OTC
clopidogrel	Preferred	
dipyridamole	Preferred	
prasugrel	Preferred	
ticagrelor	Preferred	

DRUG	TIER	NOTES
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, 80mg/0.8ml, 10mg/0.1ml PF, 20mg/0.2ml,	Preferred	PA, SP, QL
adalimumab-FKJP AJKT 40mg/0.8ml, PST 20/0.4ml, PSKT 20mg/0.4ml, 40mg/0.8ml	Preferred	PA, SP, QL
Avsola® injectable	Preferred	PA, SP, QL (physician-Administered)
Cosentyx® 75mg/0.5ml, 150mg/ml, sensor-ready pen 150mg/ml, unoready 300mg/2ml	Preferred	PA, SP, QL (max 0.072 QY per DY)
Enbrel®	Preferred	PA, SP
Entyvio® inj 300mg	Preferred	PA, SP, QL (1 QY per 42 DS) (physician-Administered)
Hadlima syringe 40mg/0.4ml, 40mg/0.8ml	Preferred	PA, SP, QL, (4 syringes/pens per 28 DS)
Hadlima PUSH TOUCH syringe 40mg/0.4ml, 40mg/0.8ml	Preferred	PA, SP, QL (4 syringes/pens per 28 DS)
Humira®	Preferred	PA, SP
Imuldosa® 45mg/0.5ml, 90mg/ml, 130mg/26ml,	Preferred	PA, SP, QL (physician-Administered)
Kevzara®	Preferred	PA, SP
Otezla® 20mg, 30mg, 10/20mg, 10/20/30mg, 75mg XR, XR 28-day tablet	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)
Steqeyma® 130mg/26ml, 90mg/ml, 45mg/0.5ml,	Preferred	PA, SP, QL (physician-Administered)

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 Pharmacy Member Services (866) 885-4944; Pharmacy Provider Services (877) 433-764

DRUG	TIER	NOTES
Taltz® inj 20mg, 40mg, 80mg	Preferred	PA, SP, QL (1 syringe per 28 days)
Tremfya® inj 200mg/20ml, 100mg/ml	Preferred	PA, QL (physician-administered)
Velsipity® 2mg	Preferred	PA, SP, QL (30 tablets per 30 DS)
Xeljanz® soln 1mg/ml, 5mg, 10mg, 11mg XR, 22mg XR	Preferred	PA,SP, QL
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	
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	

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DRUG	TIER	NOTES
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 carbonate chew 500mg	Preferred	OTC
calcium carb/cholecalciferol	Preferred	OTC
calcium/vitamin D	Preferred	OTC
cal-mag 500-250mg tab	Preferred	OTC
Carnitine	Preferred	OTC
Carnitor	Preferred	OTC
cholecalciferol (Vitamin D3)	Preferred	OTC
Coenzyme Q10 (Co-Q10)	Preferred	
cyanocobalamin injectable, tab	Preferred	
electrolyte soln, oral	Preferred	OTC
ergocalciferol (Vitamin D2)	Preferred	
Feosol®325mg	Non-Preferred	PA
Ferrettes 325mg	Preferred	
Fergon® tab	Non-Preferred	PA
ferrous fumarate 324mg tab	Preferred	OTC
ferrous gluconate 27mg, 324mg	Preferred	OTC
ferrous sulfate soln 15mg/ml, 220mg/5ml, 325mg, 45mg cr, tab	Preferred	OTC
Fish Oil®	Non-Preferred	PA
fluoride chew, soln	Preferred	
folbic tablet	Preferred	
folic acid 1mg	Preferred	
folic acid 1mg, 400mcg, 800mcg	Preferred	OTC
folic acid/vitamin B6/vitamin B12	Preferred	OTC & Rx
magnesium oxide	Preferred	OTC
multivitamins/fluoride drops, tabs	Preferred	OTC
multivitamins/fluoride/iron drops, tabs	Preferred	OTC
Nephrocaps® caps	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	

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DRUG	TIER	NOTES
Pedialyte® soln	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)
ipratropium/albuterol nebulizer soln 0.5-2.5(3)mg/3ml	Preferred	QL (1 QY(30)/25 DS)
Anticholinergic/Beta Agonist/Steroid Combinations		
Breo Ellipta®	Non-Preferred	QL (60 QY per 25 DS)
fluticasone/vilanterol aero	Preferred	QL (60 QY per 25 DS)

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DRUG	TIER	NOTES
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)
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)

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DRUG	TIER	NOTES
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)
tobramycin inhal soln	Preferred	PA, SP, QL (2 QY per DY)
Decongestants		
pseudoephedrine	Preferred	OTC

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DRUG	TIER	NOTES
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 137mcg/spray	Preferred	QL (2 QY per 25 DS)
Nasal Steroids		
budesonide spray	Preferred	OTC
Flonase® Allergy Relief	Non-Preferred	PA
flunisolide spray	Preferred	QL (1 QY per 25 DS)

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DRUG	TIER	NOTES
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)
Qvar Redihaler® 40mcg, 80mcg	Preferred	QL (2 packs (10.6 gm each)/per 25 days)

DRUG	TIER	NOTES
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	QL
Aldara®	Non-Preferred	PA
ammonium lactate 12% cream/lotion	Preferred	OTC & RX
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® solution	Non-Preferred	PA
betamethasone dipropionate augmented 0.05% cream, lotion, ointment	Preferred	QL (120 QY per 25 DS)
betamethasone dipropionate 0.05% cream, lotion, ointment	Preferred	QL (120 QY per 25 DS)
betamethasone dipropionate augmented gel, oint 0.05%	Preferred	
betamethasone valerate 0.1% cream, lotion, oint	Preferred	QL (120 QY per 25 DS)
Bryhali® 0.01% lotion	Non-Preferred	ST, QL(120 QY per 25 DS)

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DRUG	TIER	NOTES
calamine lotion	Preferred	OTC
calcipotriene 0.005% oint, soln	Preferred	ST, QL (120 QY per 25 DS)
Capzasin® 0.15% liquid	Non-Preferred	QL, OTC
Capsaicin Gel Relief®	Non-Preferred	QL, OTC
Capsaicin-P® cream 0.035%	Non-Preferred	QL, OTC
capsaicin 0.025%, 0.075%, 0.1% cream	Preferred	OTC (QL 120 gm per 25 DS)
Castiva® Warming lotion 0.035%	Non-Preferred	QL, OTC
ciclopirox 0.77% ,gel, 1%sham	Preferred	QL (120 QY per 25 DS)
ciclopirox olamine 0.77% cream, susp	Preferred	QL (120 QY per 25 DS)
Cleocin T®	Non-Preferred	PA
clindamycin gel 1%, lotion 1%, soln 1%	Preferred	QL
clobetasol propionate 0.05% cream, foam, gel, oint, soln	Preferred	QL (120 QY per 25 DS)
clobetasol propionate <i>emollient base</i> cream	Preferred	QL (120 grams or 120 mL per 25 DS)
clotrimazole (topical) 1% cream, soln	Preferred	QL
Condylox®	Non-Preferred	PA
Cutivate®	Non-Preferred	PA
desonide 0.05% cream, lotion, oint	Preferred	
Desowen®	Non-Preferred	PA
desoximetasone 0.05% cream, gel	Preferred	QL (120 QY per 25 DS)
desoximetasone 0.025% cream, ointment	Preferred	QL (120 QY per 25 DS)
Diprolene®	Non-Preferred	PA
Diprolene AF®	Non-Preferred	PA
docosanol 10% cream	Preferred	
Dupixent syringes/pens 300mg/2ml, 200mg/1.14ml, 200mg/2ml	Preferred	PA, SP, QL (4 syringes/pens per 28 DS)
Efudex®	Non-Preferred	PA
Elocon®	Non-Preferred	PA
emollient ointment	Preferred	Aquaphor, Cerave, Eucerin/generics
erythromycin (acne aid) 2% gel, soln	Preferred	
erythromycin/benzoyl peroxide 5-3%	Preferred	
First Aid Antiseptic ointment 10%	Preferred	
fluocinolone acetonide 0.025% crm, oint	Preferred	
fluocinolone acetonide soln 0.01%	Preferred	QL (120 QY per 25 DS)
fluocinonide 0.05% cream, gel, oint	Preferred	QL (120 QY per 25 DS)
fluocinonide 0.05% soln	Preferred	QL (120 QY per 25 DS)
fluorouracil 5% (topical) cream	Preferred	

DRUG	TIER	NOTES
fluticasone propionate 0.05% cream, 0.005 oint	Preferred	QL (120 QY per 25 DS)
gentamicin 0.1%(topical) cream, oint	Preferred	QL (120 grams per 25 DS)
halobetasol propionate 0.05% cream, oint	Preferred	QL (120 QY per 25 DS)
hydrocortisone butyrate 0.1% crm, oint, soln	Preferred	QL (120 QY per 25 DS)
hydrocortisone 1% cream	Preferred	OTC
hydrocortisone (topical) 1%, 2.5% cream, 2.5% lotion, 1%, 2.5% oint	Preferred	QL, OTC, RX
imiquimod 5% cream	Preferred	
isotretinoin 10mg, 20mg, 30mg, 40mg	Preferred	PA
ivermectin 0.5% lotion	Preferred	
ketoconazole (topical) 2% cream	Preferred	QL (120gm per 25 DS)
ketoconazole (topical) 2% shampoo	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 hcl 4% soln	Preferred	QL
lidocaine/prilocaine 2.5-2.5% cream	Preferred	QL(30gm QY per 25 DS)
lidocaine/prilocaine 2.5-2.5% cream kit	Preferred	
Locoid®	Non-Preferred	PA
Loprox®	Non-Preferred	PA
malathion	Preferred	ST
Metrocream®	Non-Preferred	PA
Metrogel®	Non-Preferred	PA
metronidazole 0.75% crm	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 furoate 1% cream, ointment, soln	Preferred	QL (30 QY per 25 DS)
mupirocin oint 2%	Preferred	QL (30 grams per 25 DS)
Natroba®	Non-Preferred	PA, ST

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DRUG	TIER	NOTES
neomycin/bacitracin/polymyxin B	Preferred	OTC
Neosporin®	Non-Preferred	PA, OTC
Nizoral Shampoo®	Non-Preferred	PA
Nix Crème Rinse liquid 1%	Preferred	
Nix Lice Killing Spray liquid 0.25%	Preferred	
nystatin powder, oint, crm,	Preferred	QL (120 GM per 25 DS)
Olux®	Non-Preferred	PA
Ovide®	Preferred	ST
permethrin aero 0.5%, liquid 1%	Preferred	OTC
permethrin cream 5%	Preferred	RX
podofilox soln 0.5%	Preferred	
Polysporin®	Non-Preferred	PA, OTC
povidone/iodine solution 10%	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	PA
silver sulfadiazine	Preferred	
spinosad susp 0.9%	Preferred	ST
sulfacetamide lotion 10%	Preferred	
tacrolimus (topical) 0.1%, 0.03% oint	Preferred	ST, AGE; (member must be at least 16 yrs of age in addition to clinical criteria)
Temovate®	Non-Preferred	PA
Tolak	Preferred	
Topicort®	Non-Preferred	PA
tretinoin cream, gel	Preferred	PA
triamcinolone acetonide(topical) cream, lotion, oint	Preferred	QL (120gm QY per 25DS)
Ultravate®	Non-Preferred	PA
Zostrix Natural Pain Relief cream 0.033%	Non-Preferred	QL, OTC
Mouth/Throat/Dental Agents		
chlorhexidine gluconate soln 0.12%	Preferred	
clotrimazole troche 10mg	Preferred	QL (90 QY per 25 DS)
lidocaine viscous 2% soln	Preferred	
nystatin susp 100000 units/ml	Preferred	

DRUG	TIER	NOTES
Peridex® oral rinse	Non-Preferred	PA
pilocarpine hcl (oral) 5mg, 75mg tabs	Preferred	
sodium fluoride chew 0.25mg, 0.5mg, 1mg, soln 0.5mg/ml, 0.5mg, 1mg tabs	Preferred	
sodium fluoride soln 0.5mg/ml	Preferred	
triamcinolone paste 0.1%	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 1% soln	Preferred	
azelastine 0.05% soln	Preferred	
bacitracin 500unit/gm oint	Preferred	
bacitracin/polymyxin oint	Preferred	
betaxolol 0.5% soln	Preferred	
Bleph-10®	Non-Preferred	PA
brimonidine 0.15% soln	Preferred	
brimonidine 0.2% soln	Preferred	
Ciloxan®	Non-Preferred	PA
Ciprodex®	Non-Preferred	PA
ciprofloxacin 0.3% soln	Preferred	
Cosopt®	Non-Preferred	PA
cromolyn sodium 4% soln	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 0.1% sodium phosphate soln	Preferred	
diclofenac 0.1% sodium soln	Preferred	
dorzolamide hcl 2% soln	Preferred	
dorzolamide/timolol maleate 2-0.5% soln	Preferred	
erythromycin oint 5mg/gm	Preferred	
gentamicin 0.3% soln	Preferred	
fluorometholone 0.1% susp	Preferred	

AL = Age Limit; DS = Days' Supply; DY = Day; MME = Morphine Milligram Equivalents; OTC = Over the counter; PA = Prior Authorization; QL = Quality Limit; QY = Quantity; Rx=Prescription; SP = Specialty Drug; ST = Step Therapy
 Pharmacy Member Services (866) 885-4944; Pharmacy Provider Services (877) 433-764

DRUG	TIER	NOTES
FML Liquifilm®	Non-Preferred	PA
ketorolac 0.4% tromethamine	Preferred	
ketorolac 0.5% tromethamine	Preferred	
ketotifen fumarate 0.035% soln	Preferred	OTC
latanoprost 0.005% soln	Preferred	
levobunolol hcl 0.5% soln	Preferred	
Maxitrol®	Non-Preferred	PA
moxifloxacin hcl 0.5% soln	Preferred	
Natacyn® 5% susp	Preferred	
neomycin/bacitracin zn//polymyxin/5(3.5)mg-400u-10000u oint	Preferred	
neomycin/polymyxin/gramicid 1.75-10000-0.25mgu mg/ml soln	Preferred	
Neosporin®	Non-Preferred	PA
Ocuflox®	Non-Preferred	PA
olopatadine hcl 0.1%, 0.2% soln	Preferred	
ofloxacin 0.3% soln	Preferred	
Pataday Extra Strength 0.7% soln	Preferred	
polymyxin /trimethoprim 0.1% 10000u/ml	Preferred	
Polytrim®	Non-Preferred	PA
Pred Forte®	Non-Preferred	PA
prednisolone acetate 1% susp	Preferred	
prednisolone sodium phosphate 1% soln	Preferred	
sulfacetamide 10% drops	Preferred	
sulfacetamide sod/prednisolone phosph10-0.23(0.25%) soln	Preferred	
timolol maleate	Preferred	
timolol maleate gel	Preferred	
Timoptic®	Non-Preferred	PA
Timoptic-XE®	Non-Preferred	PA
Tobradex®	Non-Preferred	PA
tobramycin 0.3% soln	Preferred	
tobramycin/dexamethasone 0.3/0.1% susp	Preferred	
Tobrex®	Non-Preferred	PA
trifluridine 1% soln	Preferred	
Trusopt®	Non-Preferred	PA
Xalatan®	Non-Preferred	PA
Zaditor®	Non-Preferred	PA

DRUG	TIER	NOTES
OTIC		
acetic acid 2% soln	Preferred	
Ciprodex	Non-Preferred	PA
ciprofloxacin/dexamethasone 0.3-0.1%	Preferred	
neomycin/polymyxin /hydrocortisone sol 1%	Preferred	
neomycin/polymyxin-hydrocortisone 3.5mg/ml-10000unit/ml 1% susp	Preferred	
ofloxacin soln 0.0%	Preferred	
VAGINAL		
acetic acid solution	Preferred	OTC
clindamycin phosphates 2% cream	Preferred	
clotrimazole 1%, 2% cream	Preferred	OTC
metronidazole 0.75% gel	Preferred	
miconazole 1 kit combo	Preferred	OTC
miconazole 7 supp 100mg	Preferred	OTC
miconazole nitrate 2% cream	Preferred	OTC
miconazole nitrate supp 200mg	Preferred	OTC
miconazole nitrate app 200mg & 2% cream	Preferred	OTC
miconazole nitrate supp 1200mg & 2% cream kit	Preferred	OTC
Monistat 3 cream 4%	Preferred	OTC
Monistat 3 kit combo pk	Preferred	OTC
Monistat 7 kit combo pk	Preferred	OTC
Monistat 7 kit complete	Preferred	OTC
terconazole cream 0.4%, 0.8%, 80mg supp	Preferred	OTC