



List of Covered Drugs (Formulary)

Line of Business: Managed Medi-Cal

Updated: November 30, 2021

Notice: The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Link to the electronic formulary:

<https://www.hpsj.com/formulary/>

Link to the Evidence of Coverage:

<https://www.hpsj.com/medi-cal-evidence-coverage-2/>

HPSJ Medi - Cal Formulary

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Managed Medi-Cal List of Covered Drugs (Formulary)

Introduction:

Health Plan of San Joaquin's (HPSJ) Managed Medi-Cal List of Covered Drugs tells you which outpatient prescription drugs and over-the-counter drugs and items are covered. This list also lets you know if there are any restrictions on any drugs covered by HPSJ. The list can be searched alphabetically using the Index found at the end of this list. If a generic equivalent for the brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

The list of covered drugs may be updated on a monthly basis when changes need to be made. These changes include but are not limited to (1) change in drug or dosage form, (2) changes in tier placement, and (3) changes in formulary restrictions. At minimum the list is updated quarterly, 45 business days after the formulary changes alert is posted onto the HPSJ website following a Pharmacy & Therapeutics Committee meeting. Also, note that the presence of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for your particular medical condition.

For medications that are covered under the medical benefit (e.g. drugs provided by/and administered by the provider), they are not included in this list and requests can be submitted by your provider using the "Medical Authorization Form" found on <https://www.hpsj.com/forms-documents/>.

If you have questions about covered drugs or how to submit a prior authorization/exception request, please call the Health Plan of San Joaquin Customer Service Department, Monday through Friday, 8 a.m. to 6 p.m. at: (209) 942-6320, or 1-888-936-PLAN (7526), toll free (209) 942-6306 (TDD).

Definitions:

- (A) "Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
- (B) "Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
- (C) "Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

- (D) "Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
- (E) "Drug Tier" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
- (F) "Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.
- (G) "Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
- (H) "Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a nonformulary drug.
- (I) "Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,
- (J) "Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.
- (K) "Nonformulary drug" is a prescription drug that is not listed on the health plan's formulary.
- (L) "Out-of-pocket cost" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
- (M) "Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
- (N) "Prescription" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
- (O) "Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.



- (P) "Prior Authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
- (Q) "Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
- (R) "Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Drug Categories:

HPSJ is a managed Medi-Cal plan. Therefore, all medications listed in the HPSJ formulary as a "Preferred" medication is covered by HPSJ. They are covered by HPSJ at no cost to members when there are no restrictions or if the restriction(s) is/are met. This also applies to orally administered anti-cancer drugs.

For medications listed as "Non-Preferred," they are equivalent to being non-formulary and therefore must follow HPSJ's policy titled PH06 – Formulary Exception Process. In order for a non-formulary medication to be covered by HPSJ with no cost to the member, the member must have:

1. Tried three formulary drugs without positive therapeutic response;
2. Developed contraindications to, or intolerance of all formulary alternatives;
3. No formulary alternatives that exist to treat the member's condition; or
4. Been established on and has responded to the non-formulary medication prior to enrollment in HPSJ and the member's physician chooses to defer switching the member to another medication.

For medications used for indications that are listed as "Not a Covered Benefit," these drugs are excluded from the managed Medi-Cal plan benefits and are never covered by HPSJ. Therefore, 100% of the cost of these drugs falls upon the requesting member. Examples of drugs that would be "Not a Covered Benefit" are drugs used for treatment of erectile dysfunction or hair growth (e.g. Levitra, Rogaine).

Some types of medications are considered carve-outs from HPSJ's formulary. This means these medications are paid for by Medi-Cal Fee-For-Service and billing should be submitted to them directly. Carve-out medications include those used to treat Anti-psychotics, Drug Dependency, Hemophilia Blood Factors, Human Immunodeficiency Virus (HIV), and Mood Disorders. Some of the medications may require a Treatment Authorization Request (TAR) to be completed. TAR forms can be found at <https://files.medi-cal.ca.gov/pubsdoco/forms.asp>. The completed form should be faxed to 1-800-829-4325 or 1-800-641-1021.

Exception Requests:

You, your provider, or your pharmacy can submit a prior authorization request for HPSJ to make an exception to cover non-formulary drugs, drop step therapy restrictions, drop prior approval requirements, or update the amount of a drug we will cover. An exception request can be submitted by yourself through the member portal or by contacting HPSJ's Customer Service Department, Monday through Friday, 8 a.m. to 6 p.m. at: (209) 942-6320, or 1-888-936-PLAN (7526), toll free (209) 942-6306 (TDD). If you can also provide supporting records from your prescriber, this helps with the review as well. We will give you a decision within 72 hours of receiving the prior authorization request. However, if you or your prescriber think that waiting 72 hours for a decision may be harmful to your health, you can ask for a faster decision to be made. When a faster decision is requested, we will give you a decision within 24 hours of receiving the request. If a decision is not made within the stated time frames, the resulting decision is an approval.

Types of Restrictions:

HPSJ has edits in place for medications at the point of service. These are listed below under the Legend. If a provider believes a medication is medically necessary for a member who does not meet the edits, they may submit a request for prior authorization. Prior authorization forms can be found at <https://www.hpsj.com/forms-documents/under> Pharmacy Tools & Resources → Medication Prior Authorization Form. In addition, there may be additional causes of a medication to reject at the pharmacy such as drug-drug interactions, or drug-disease interactions. These should be discussed with the pharmacist and the prescriber to ensure patient safety.

Legend:

| Abbreviation | Description | Explanation |
|---------------------|--------------------|---|
| AL | Age Limit | This drug has a limit based on the age group. The limit may be based on how the drug was FDA approved or due to special cautions for use by certain age groups. |
| EA | Each | This can stand for milliliters, tablets, capsules, grams, and signifies the units for the drugs. |



| | | |
|----|---------------------|--|
| FL | Fill Limit | There is a limit on the number of fills that is covered within a specific time frame. |
| PA | Prior Authorization | You, your physician, or your pharmacy need to submit a prior authorization to the plan for review. |
| PL | Prescriber Limit | A specific specialist provider type is required to prescribe the requested drug. |
| QL | Quantity Limit | There is a limit on the number of units that is covered within a specific time frame. |
| SP | Specialty Pharmacy | Only a limited number of medications are restricted to Specialty Pharmacy. Criteria that categorizes a medication as a “specialty medication” consists of a drug requiring extraordinary special handling, provider coordination, and/or patient education when such requirements cannot be met by a network pharmacy. |
| ST | Step Therapy | You must first try the other recommended drug(s) to treat your medical condition before you can get this one. |

Obtaining Prescriptions at the Pharmacy:

When a medication, device, or FDA-approved product is “preferred” and/or an exception prior authorization request has led to an update in the coverage of your medication, you can proceed to any network retail pharmacy to fill and pick up your prescription. The pharmacy must have the valid prescription on file or your provider can electronically send the prescription to your pharmacy as well. For medications restricted to specialty pharmacy, your provider must electronically send the prescription or call the prescription into the specialty pharmacy. The specialty pharmacy will then contact you to obtain your shipping address and set a date of delivery of the prescription.

Intravenous Solution of Unlisted Antibiotics/ Intravenous Solution of Unlisted Drugs:

These are restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic/drug was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.

Parenteral Nutrition Solutions (TPN or Hyperalimentation)/Separately Administered Intravenous Lipids:

These are restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.

Opioid Medications:

An initial fill of any opioid prescription is limited to a seven (7) day supply. All formulary short-acting opioids are limited to a combined total of 120 units per month and a maximum of 90 morphine-milligram-equivalents (MME) per day.

| Medications | Tier | Restrictions (if applicable) |
|--|-----------|--|
| Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever | | |
| Analgesic Opioid Agonists - Arthritis And Pain Drugs | | |
| <i>codeine sulfate oral tablet</i> | Preferred | QL (120 EA per 30 days); AL (Min 12 Years) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Preferred | PA; QL (10 EA per 30 days) |
| <i>hydromorphone oral tablet</i> | Preferred | QL (120 EA per 30 days) |
| <i>levorphanol tartrate oral tablet 2 mg</i> | Preferred | |
| <i>meperidine oral solution</i> | Preferred | |
| <i>meperidine oral tablet 50 mg</i> | Preferred | QL (120 EA per 30 days) |
| <i>methadone hcl</i> (Methadone Intensol Oral Concentrate) | Preferred | |
| <i>methadone oral concentrate</i> | Preferred | QL (120 ML per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | Preferred | QL (600 ML per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | Preferred | QL (1200 ML per 30 days) |
| <i>methadone oral tablet 10 mg</i> | Preferred | QL (120 EA per 30 days) |
| <i>methadone oral tablet 5 mg</i> | Preferred | QL (240 EA per 30 days) |
| <i>methadone oral tablet,soluble</i> | Preferred | |
| <i>methadone hcl</i> (Methadose Oral Tablet,Soluble) | Preferred | |
| <i>morphine concentrate oral solution</i> | Preferred | |
| <i>morphine oral solution</i> | Preferred | |
| <i>morphine oral tablet</i> | Preferred | QL (120 EA per 30 days) |
| <i>morphine oral tablet extended release</i> | Preferred | QL (90 EA per 30 days) |
| <i>morphine rectal suppository</i> | Preferred | QL (120 EA per 30 days) |
| <i>oxycodone oral capsule</i> | Preferred | QL (120 EA per 30 days) |
| <i>oxycodone oral concentrate</i> | Preferred | |
| <i>oxycodone oral solution</i> | Preferred | |
| <i>oxycodone oral tablet</i> | Preferred | QL (120 EA per 30 days) |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr</i> | Preferred | PA; QL (60 EA per 30 days) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR <i>(oxycodone hcl)</i> | Preferred | PA |
| <i>tramadol oral tablet 50 mg</i> | Preferred | QL (120 EA per 30 days); AL (Min 12 Years) |
| Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs | | |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i> | Preferred | QL (240 ML per 1 day); AL (Min 12 Years) |

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit

AL = Age Limit | SP = Specialty Pharmacy | FL = Fill Limit | PL = Prescriber Limit

Changes are made on a monthly basis. Please contact HPSJ if there are any questions.

| Medications | Tier | Restrictions (if applicable) |
|--|-----------|---|
| acetaminophen-codeine oral solution 120-12 mg/5 ml | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml | Preferred | QL (240 ML per 1 day); AL (Min 12 Years) |
| acetaminophen-codeine oral tablet | Preferred | QL (120 EA per 30 days); AL (Min 12 Years) |
| butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg | Preferred | QL (30 EA per 30 days); AL (Min 12 Years) |
| Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs | | |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml | Preferred | QL (946 ML per 30 days) |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | Preferred | QL (120 EA per 30 days) |
| Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs | | |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml | Preferred | QL (946 ML per 30 days) |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | Preferred | QL (120 EA per 30 days) |
| Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs | | |
| oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg) | Preferred | QL (120 EA per 30 days) |
| oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | Preferred | QL (120 EA per 30 days) |
| Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs | | |
| oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg) | Preferred | QL (120 EA per 30 days) |
| oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | Preferred | QL (120 EA per 30 days) |
| Analgesic Or Antipyretic Non-Opioid - Arthritis And Pain Drugs | | |
| 8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE (acetaminophen) | Preferred | |
| ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET (acetaminophen) | Preferred | |
| acetaminophen oral elixir | Preferred | |
| acetaminophen oral liquid 160 mg/5 ml | Preferred | |
| acetaminophen oral solution 160 mg/5 ml (5 ml) | Preferred | |
| acetaminophen oral suspension 160 mg/5 ml | Preferred | |
| acetaminophen oral tablet | Preferred | |
| acetaminophen oral tablet extended release | Preferred | |
| acetaminophen oral tablet,disintegrating | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|--------------------------------|
| ACETAMINOPHEN PAIN RELIEF ORAL TABLET (<i>acetaminophen</i>) | Preferred | |
| <i>acetaminophen rectal suppository</i> | Preferred | |
| ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE (<i>acetaminophen</i>) | Preferred | |
| ARTHRITIS PAIN RELIEVER ORAL TABLET EXTENDED RELEASE (<i>acetaminophen</i>) | Preferred | |
| ATHENOL ORAL TABLET (<i>acetaminophen</i>) | Preferred | |
| CHILD FEVER REDUCER-PAIN RELVR ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| CHILD PAIN REL-FEVER REDUCER RECTAL SUPPOSITORY (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 80 MG (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S EASY-MELTS ORAL TABLET,DISINTEGRATING (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 80 MG (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S NON-ASPIRIN ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S PAIN RELIEF ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S PAIN RELIEVER ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,DISINTEGRATING (<i>acetaminophen</i>) | Preferred | |
| ED-APAP ORAL LIQUID (<i>acetaminophen</i>) | Preferred | |
| FEVER REDUCER RECTAL SUPPOSITORY (<i>acetaminophen</i>) | Preferred | |
| FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 80 MG (<i>acetaminophen</i>) | Preferred | |
| INFANT FEVER REDUCER-PAIN RELF ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| INFANT PAIN RELIEVER ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| INFANTS' PAIN AND FEVER ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| INFANTS' PAIN RELIEF ORAL SUSPENSION (<i>acetaminophen</i>) | Preferred | |
| JR. ACETAMINOPHEN ORAL TABLET,DISINTEGRATING (<i>acetaminophen</i>) | Preferred | |
| JR. STR NON-ASPIRIN PAIN ORAL TABLET,DISINTEGRATING (<i>acetaminophen</i>) | Preferred | |
| JR. STRENGTH PAIN RELIEVER ORAL TABLET,DISINTEGRATING (<i>acetaminophen</i>) | Preferred | |
| MAPAP (ACETAMINOPHEN) ORAL CAPSULE (<i>acetaminophen</i>) | Preferred | |

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit

AL = Age Limit | SP = Specialty Pharmacy | FL = Fill Limit | PL = Prescriber Limit

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| Medications | Tier | Restrictions (if applicable) |
|--|---------------|--------------------------------|
| MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML <i>(acetaminophen)</i> | Preferred | |
| MAPAP (ACETAMINOPHEN) ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| MAPAP ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE <i>(acetaminophen)</i> | Preferred | |
| MASOPHEN ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| NON-ASPIRIN EXTRA STRENGTH ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| NON-ASPIRIN ORAL SUSPENSION <i>(acetaminophen)</i> | Preferred | |
| NON-ASPIRIN ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| NON-ASPIRIN ORAL TABLET, CHEWABLE <i>(acetaminophen)</i> | Preferred | |
| NON-ASPIRIN PAIN RELIEF ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| NORTEMP ORAL SUSPENSION <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEF (ACETAMINOPHEN) ORAL LIQUID <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEF ADULT ORAL LIQUID <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEF EXTRA STRENGTH ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| PAIN RELIEVER EXTRA STRENGTH ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| PHARBETOL ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| TACTINAL ORAL TABLET <i>(acetaminophen)</i> | Preferred | |
| TYLOPHEN ORAL CAPSULE <i>(acetaminophen)</i> | Preferred | |
| Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs | | |
| butalbital-acetaminophen-caff oral capsule 50-325-40 mg | Non-Preferred | |
| butalbital-acetaminophen-caff oral tablet | Preferred | QL (30 EA per 30 days) |
| Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents, Non-Selective - Arthritis And Pain Drugs | | |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE <i>(etanercept)</i> | Preferred | PA; SP; PL |
| ENBREL SUBCUTANEOUS RECON SOLN <i>(etanercept)</i> | Preferred | PA; SP; PL |
| ENBREL SUBCUTANEOUS SYRINGE <i>(etanercept)</i> | Preferred | PA; SP; PL |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR <i>(etanercept)</i> | Preferred | PA; SP; PL |
| Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents, Tnf-Alpha Sel - Arthritis And Pain Drugs | | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT <i>(certolizumab pegol)</i> | Preferred | PA; SP |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT <i>(certolizumab pegol)</i> | Preferred | PA; SP; PL |

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| Medications | Tier | Restrictions (if applicable) |
|---|---------------|--------------------------------|
| CIMZIA SUBCUTANEOUS SYRINGE KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| INFLECTRA INTRAVENOUS RECON SOLN (<i>infliximab-dyyb</i>) | Preferred | PA; SP; PL |
| REMICADE INTRAVENOUS RECON SOLN (<i>infliximab</i>) | Non-Preferred | |
| RENFLEXIS INTRAVENOUS RECON SOLN (<i>infliximab-abda</i>) | Preferred | PA; SP; PL |
| SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>) | Non-Preferred | |
| SIMPONI SUBCUTANEOUS PEN INJECTOR (<i>golimumab</i>) | Preferred | PA; SP; PL |
| SIMPONI SUBCUTANEOUS SYRINGE (<i>golimumab</i>) | Preferred | PA; SP; PL |
| Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs | | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP; PL |
| CIMZIA SUBCUTANEOUS SYRINGE KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP; PL |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE (<i>etanercept</i>) | Preferred | PA; SP; PL |
| ENBREL SUBCUTANEOUS RECON SOLN (<i>etanercept</i>) | Preferred | PA; SP; PL |
| ENBREL SUBCUTANEOUS SYRINGE (<i>etanercept</i>) | Preferred | PA; SP; PL |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR (<i>etanercept</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| INFLECTRA INTRAVENOUS RECON SOLN (<i>infliximab-dyyb</i>) | Preferred | PA; SP; PL |

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|--|---------------|--------------------------------|
| REMICADE INTRAVENOUS RECON SOLN (<i>infliximab</i>) | Non-Preferred | |
| RENFLEXIS INTRAVENOUS RECON SOLN (<i>infliximab-abda</i>) | Preferred | PA; SP; PL |
| SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>) | Non-Preferred | |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>) | Preferred | PA; SP; PL |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (<i>golimumab</i>) | Preferred | PA; SP |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>) | Preferred | PA; SP; PL |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML (<i>golimumab</i>) | Preferred | PA; SP |
| Dmard - Antimalarials - Arthritis And Pain Drugs | | |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Preferred | |
| Dmard - Antimetabolites - Arthritis And Pain Drugs | | |
| <i>methotrexate sodium (pf) injection solution</i> | Preferred | QL (8 ML per 28 days) |
| <i>methotrexate sodium injection solution</i> | Preferred | |
| <i>methotrexate sodium oral tablet</i> | Preferred | |
| Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib. - Arthritis And Pain Drugs | | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN (<i>abatacept/maltose</i>) | Preferred | PA; SP; PL |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR (<i>abatacept</i>) | Preferred | PA; SP; PL |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML (<i>abatacept</i>) | Preferred | PA; SP; PL |
| Dmard - B Cell Targeted Agents - Arthritis And Pain Drugs | | |
| RITUXAN INTRAVENOUS CONCENTRATE (<i>rituximab</i>) | Preferred | PA; SP |
| Dmard - Gold Compounds - Arthritis And Pain Drugs | | |
| RIDAURA ORAL CAPSULE (<i>auranofin</i>) | Preferred | PA; SP |
| Dmard - Immunosuppressives - Arthritis And Pain Drugs | | |
| <i>azathioprine</i> (Azasan Oral Tablet) | Non-Preferred | |
| <i>azathioprine oral tablet 50 mg</i> | Preferred | |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION (<i>mycophenolate mofetil</i>) | Preferred | |
| <i>cyclophosphamide oral capsule</i> | Preferred | |
| <i>cyclosporine modified oral capsule</i> | Preferred | |
| <i>cyclosporine modified oral solution</i> | Preferred | |
| <i>cyclosporine oral capsule</i> | Non-Preferred | |
| <i>mycophenolate mofetil oral capsule</i> | Preferred | |
| <i>mycophenolate mofetil oral tablet</i> | Preferred | |
| SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>) | Non-Preferred | |

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|---|---------------|------------------------------------|
| Dmard - Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs | | |
| KINERET SUBCUTANEOUS SYRINGE (<i>anakinra</i>) | Preferred | |
| Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs | | |
| ACTEMRA INTRAVENOUS SOLUTION (<i>tocilizumab</i>) | Preferred | PA; SP |
| ACTEMRA SUBCUTANEOUS SYRINGE (<i>tocilizumab</i>) | Preferred | PA; SP |
| KEVZARA SUBCUTANEOUS PEN INJECTOR (<i>sarilumab</i>) | Preferred | PA |
| KEVZARA SUBCUTANEOUS SYRINGE (<i>sarilumab</i>) | Preferred | PA; SP |
| Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs | | |
| OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>) | Preferred | PA; SP; PL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR (<i>upadacitinib</i>) | Preferred | PA; SP; PL; QL (30 EA per 30 days) |
| XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>) | Preferred | PA; SP; PL; QL (60 EA per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>) | Preferred | PA; SP; PL; QL (30 EA per 30 days) |
| Dmard - Other - Arthritis And Pain Drugs | | |
| CUPRIMINE ORAL CAPSULE (<i>penicillamine</i>) | Preferred | |
| DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>) | Preferred | |
| <i>minocycline oral capsule</i> | Preferred | |
| <i>sulfasalazine oral tablet</i> | Preferred | |
| <i>sulfasalazine oral tablet,delayed release (dr/ec)</i> | Preferred | |
| Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs | | |
| OTEZLA ORAL TABLET (<i>apremilast</i>) | Preferred | PA; SP; PL |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK (<i>apremilast</i>) | Preferred | PA; SP; PL |
| Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs | | |
| <i>leflunomide oral tablet</i> | Preferred | |
| Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs | | |
| CELEBREX ORAL CAPSULE (<i>celecoxib</i>) | Non-Preferred | |
| <i>celecoxib oral capsule</i> | Preferred | |
| Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs | | |
| <i>nabumetone oral tablet</i> | Preferred | |
| <i>sulindac oral tablet</i> | Preferred | |
| Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs | | |
| <i>meloxicam oral tablet 15 mg</i> | Preferred | QL (30 EA per 30 days) |
| <i>meloxicam oral tablet 7.5 mg</i> | Preferred | QL (60 EA per 30 days) |

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|---|---------------|--------------------------------|
| Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs | | |
| <i>diclofenac potassium oral tablet 50 mg</i> | Preferred | |
| <i>diclofenac sodium oral tablet extended release 24 hr</i> | Preferred | |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg</i> | Preferred | |
| Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs | | |
| CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>) | Preferred | |
| CHILDREN'S PROFEN IB ORAL SUSPENSION (<i>ibuprofen</i>) | Preferred | |
| <i>ibuprofen</i> (Ibu Oral Tablet) | Preferred | |
| IBU-200 ORAL TABLET (<i>ibuprofen</i>) | Preferred | |
| <i>ibuprofen 100 mg/5 ml susp (otc)</i> | Preferred | FL (O) |
| <i>ibuprofen 100 mg/5 ml susp (rx)</i> | Preferred | FL (F) |
| <i>ibuprofen 100 mg/5 ml susp 50's,u-d,inner,5x10 (rx)</i> | Preferred | FL (F) |
| <i>ibuprofen 100 mg/5 ml susp 50's,u-d,outer,5x10 (rx)</i> | Preferred | FL (F) |
| <i>ibuprofen 100 mg/5 ml susp alf (otc)</i> | Preferred | FL (O) |
| <i>ibuprofen 100 mg/5 ml susp alf, children's (otc)</i> | Preferred | FL (O) |
| <i>ibuprofen 100 mg/5 ml susp alf,children's (otc)</i> | Preferred | FL (O) |
| <i>ibuprofen 100 mg/5 ml susp alf,dye-free (otc)</i> | Preferred | FL (O) |
| <i>ibuprofen 100 mg/5 ml susp inner (rx)</i> | Preferred | FL (F) |
| <i>ibuprofen 100 mg/5 ml susp outer (rx)</i> | Preferred | FL (F) |
| <i>ibuprofen 100 mg/5 ml susp rx only (rx)</i> | Preferred | FL (F) |
| IBUPROFEN IB ORAL TABLET (<i>ibuprofen</i>) | Preferred | |
| IBUPROFEN IB ORAL TABLET,CHEWABLE (<i>ibuprofen</i>) | Preferred | |
| IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE (<i>ibuprofen</i>) | Preferred | |
| <i>ibuprofen oral drops,suspension</i> | Preferred | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | Preferred | |
| <i>ibuprofen oral tablet</i> | Preferred | |
| INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION (<i>ibuprofen</i>) | Preferred | |
| INFANTS PROFENIB ORAL DROPS,SUSPENSION (<i>ibuprofen</i>) | Preferred | |
| <i>naproxen oral suspension</i> | Non-Preferred | |
| <i>naproxen oral tablet</i> | Preferred | |
| <i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i> | Preferred | |
| <i>naproxen sodium oral tablet 550 mg</i> | Preferred | |
| QC CHILD IBUPROFEN 100 MG/5 ML (<i>ibuprofen</i>) | Preferred | FL (O) |
| <i>ra ibuprofen 100 mg/5 ml susp alf (otc)</i> | Preferred | FL (O) |
| <i>ra ibuprofen 100 mg/5 ml susp children's, alf (otc)</i> | Preferred | FL (O) |
| <i>sm ibuprofen 100 mg/5 ml susp (otc)</i> | Preferred | FL (O) |

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|---|---------------|--------------------------------|
| <i>sm ibuprofen 100 mg/5 ml susp alf (otc)</i> | Preferred | FL (O) |
| <i>sm ibuprofen 100 mg/5 ml susp children's (otc)</i> | Preferred | FL (O) |
| WAL-PROFEN ORAL TABLET (<i>ibuprofen</i>) | Preferred | |
| Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs | | |
| <i>etodolac oral capsule</i> | Preferred | |
| <i>etodolac oral tablet</i> | Preferred | |
| INDOCIN ORAL SUSPENSION (<i>indomethacin</i>) | Non-Preferred | |
| INDOCIN RECTAL SUPPOSITORY (<i>indomethacin</i>) | Preferred | |
| <i>indomethacin oral capsule</i> | Preferred | |
| <i>indomethacin oral capsule, extended release</i> | Preferred | |
| Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs | | |
| <i>butalbital-aspirin-caffeine oral capsule</i> | Preferred | QL (30 EA per 30 days) |
| Salicylate Analgesic Combinations - Arthritis And Pain Drugs | | |
| <i>choline,magnesium salicylate oral liquid</i> | Preferred | |
| Salicylate Analgesics - Arthritis And Pain Drugs | | |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE (<i>aspirin</i>) | Preferred | |
| ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>aspirin</i>) | Preferred | |
| <i>aspirin oral tablet</i> | Preferred | |
| <i>aspirin oral tablet,chewable</i> | Preferred | |
| <i>aspirin oral tablet, delayed release (dr/ec)</i> | Preferred | |
| <i>aspirin rectal suppository 300 mg</i> | Preferred | |
| ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>aspirin</i>) | Preferred | |
| BAYER ASPIRIN ORAL TABLET (<i>aspirin</i>) | Preferred | |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE (<i>aspirin</i>) | Preferred | |
| EXTRA STRENGTH BAYER ORAL TABLET (<i>aspirin</i>) | Preferred | |
| LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>aspirin</i>) | Preferred | |
| <i>salsalate oral tablet</i> | Preferred | |
| Anesthetics - Drugs For Pain And Fever | | |
| Local Anesthetic - Amides - Drugs For Sedation | | |
| <i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i> | Preferred | |
| Anorectal Preparations - Rectal Preparations | | |
| Anorectal - Glucocorticoids - Rectal Preparations | | |
| ANUCORT-HC RECTAL SUPPOSITORY (<i>hydrocortisone acetate</i>) | Preferred | |
| <i>hydrocortisone acetate rectal suppository</i> | Preferred | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | Preferred | |
| <i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator) | Preferred | |

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|---|---------------|--------------------------------|
| hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator) | Preferred | |
| Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations | | |
| hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % | Preferred | |
| PROCTOFOAM HC RECTAL FOAM (hydrocortisone acetate/pramoxine hcl) | Preferred | |
| Anorectal - Hemorrhoidal Single Agents Other - Rectal Preparations | | |
| HEMORRHOIDAL SUPPOSITORY RECTAL SUPPOSITORY (phenylephrine hcl) | Preferred | |
| Anorectal - Local Anesthetic Amides - Rectal Preparations | | |
| lidocaine topical cream 5 % | Preferred | PA |
| Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning | | |
| Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning | | |
| acetylcysteine solution | Preferred | |
| Chelating Agents - Copper - Drugs For Overdose Or Poisoning | | |
| CUPRIMINE ORAL CAPSULE (penicillamine) | Preferred | |
| DEPEN TITRATABS ORAL TABLET (penicillamine) | Preferred | |
| Chelating Agents - Iron - Drugs For Overdose Or Poisoning | | |
| EXJADE ORAL TABLET, DISPERSIBLE (deferasirox) | Preferred | PA; SP |
| Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning | | |
| CHEMET ORAL CAPSULE (succimer) | Preferred | |
| Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning | | |
| MOVANTIK ORAL TABLET (naloxegol oxalate) | Preferred | PA |
| RELISTOR ORAL TABLET (methylnaltrexone bromide) | Non-Preferred | |
| RELISTOR SUBCUTANEOUS SOLUTION (methylnaltrexone bromide) | Non-Preferred | |
| RELISTOR SUBCUTANEOUS SYRINGE (methylnaltrexone bromide) | Non-Preferred | |
| SYMPROIC ORAL TABLET (naldemedine tosylate) | Preferred | PA; QL (30 EA per 30 days) |
| Anti-Infective Agents - Drugs For Infections | | |
| Aminoglycoside Antibiotic - Antibiotics | | |
| gentamicin injection solution 40 mg/ml | Preferred | |
| neomycin oral tablet | Preferred | |
| Aminopenicillin Antibiotic - Antibiotics | | |
| amoxicillin oral capsule | Preferred | |
| amoxicillin oral suspension for reconstitution | Preferred | |

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|--|-----------|--------------------------------|
| <i>amoxicillin oral tablet</i> | Preferred | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | Preferred | |
| <i>ampicillin oral capsule 500 mg</i> | Preferred | |
| Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics | | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Preferred | |
| <i>amoxicillin-pot clavulanate oral tablet</i> | Preferred | |
| Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites | | |
| <i>albendazole oral tablet</i> | Preferred | QL (4 EA per 365 days) |
| <i>ALBENZA ORAL TABLET (albendazole)</i> | Preferred | QL (2 EA per 180 days) |
| Anthelmintic Agents Other - Drugs For Parasites | | |
| <i>REESE'S PINWORM MEDICINE ORAL SUSPENSION (pyrantel pamoate)</i> | Preferred | |
| Antibacterial Folate Antagonist - Other Combinations - Antibiotics | | |
| <i>sulfamethoxazole-trimethoprim oral suspension</i> | Preferred | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | Preferred | |
| Antibacterial Folate Antagonist Others - Antibiotics | | |
| <i>PRIMSOL ORAL SOLUTION (trimethoprim)</i> | Preferred | |
| <i>trimethoprim oral tablet</i> | Preferred | |
| Antibacterial Nitrofuran Derivatives - Antibiotics | | |
| <i>MACRODANTIN ORAL CAPSULE 25 MG (nitrofurantoin macrocrystal)</i> | Preferred | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | Preferred | |
| <i>nitrofurantoin monohyd/m-cryst oral capsule</i> | Preferred | |
| <i>nitrofurantoin oral suspension</i> | Preferred | PA |
| Antifungal - Allylamines - Drugs For Fungus | | |
| <i>terbinafine hcl oral tablet</i> | Preferred | FL (3 fills per 365 days) |
| Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus | | |
| <i>nystatin oral tablet</i> | Preferred | |
| Antifungal - Fluorinated Pyrimidine-Type Agents - Drugs For Fungus | | |
| <i>flucytosine oral capsule</i> | Preferred | PA; SP |
| Antifungal - Glucan Synthesis Inhibitor, Echinocandins - Drugs For Fungus | | |
| <i>CANCIDAS INTRAVENOUS RECON SOLN (caspofungin acetate)</i> | Preferred | PA; SP |
| Antifungal - Glucan Synthesis Inhibitors - Antibiotics | | |
| <i>CANCIDAS INTRAVENOUS RECON SOLN (caspofungin acetate)</i> | Preferred | PA; SP |

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|--|---------------|--------------------------------|
| Antifungal - Imidazoles - Drugs For Fungus | | |
| <i>ketoconazole oral tablet</i> | Preferred | PA |
| Antifungal - Triazoles - Drugs For Fungus | | |
| <i>fluconazole oral suspension for reconstitution</i> | Preferred | |
| <i>fluconazole oral tablet</i> | Preferred | |
| <i>itraconazole oral capsule</i> | Preferred | |
| NOXAFIL ORAL SUSPENSION (<i>posaconazole</i>) | Preferred | PA; PL |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>posaconazole</i>) | Non-Preferred | |
| <i>posaconazole oral tablet,delayed release (dr/ec)</i> | Preferred | PL |
| SPORANOX ORAL CAPSULE (<i>itraconazole</i>) | Non-Preferred | |
| VFEND ORAL TABLET 200 MG (<i>voriconazole</i>) | Non-Preferred | |
| <i>voriconazole oral tablet 200 mg</i> | Preferred | PL; QL (2 EA per 1 day) |
| Antifungal Other - Drugs For Fungus | | |
| <i>griseofulvin microsize oral suspension</i> | Preferred | |
| <i>griseofulvin microsize oral tablet</i> | Preferred | |
| <i>griseofulvin ultramicrosize oral tablet</i> | Preferred | |
| Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b,recomb.</i>) | Preferred | PA |
| Antileprotic - Immunomodulators - Antibiotics | | |
| THALOMID ORAL CAPSULE (<i>thalidomide</i>) | Preferred | PA; SP |
| Antileprotic - Sulfone Agents - Antibiotics | | |
| <i>dapsone oral tablet</i> | Preferred | |
| Antimalarial Combinations - Drugs For Parasites | | |
| <i>atovaquone-proguanil oral tablet</i> | Preferred | |
| Antimalarials - Drugs For Parasites | | |
| <i>chloroquine phosphate oral tablet</i> | Preferred | |
| DARAPRIM ORAL TABLET (<i>pyrimethamine</i>) | Preferred | PA |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Preferred | |
| <i>mefloquine oral tablet</i> | Preferred | |
| <i>primaquine oral tablet</i> | Preferred | |
| Antiprotozoal Agents - Other - Drugs For Parasites | | |
| <i>atovaquone oral suspension</i> | Preferred | PA |
| Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections | | |
| <i>metronidazole oral tablet</i> | Preferred | |

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|---|-----------|--------------------------------|
| Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections | | |
| <i>tinidazole oral tablet</i> | Preferred | PA |
| Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections | | |
| <i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i> | Preferred | |
| <i>RETROVIR INTRAVENOUS SOLUTION (zidovudine)</i> | Preferred | |
| <i>zidovudine oral capsule</i> | Preferred | |
| <i>zidovudine oral syrup</i> | Preferred | |
| <i>zidovudine oral tablet</i> | Preferred | |
| Antitubercular - D-Alanine Analogs - Antibiotics | | |
| <i>cycloserine oral capsule</i> | Preferred | |
| Antitubercular - Diarylquinoline Antibiotics - Antibiotics | | |
| <i>SIRTURO ORAL TABLET (bedaquiline fumarate)</i> | Preferred | PA; SP |
| Antitubercular - Isonicotinic Acid Derivatives - Antibiotics | | |
| <i>isoniazid oral solution</i> | Preferred | |
| <i>isoniazid oral tablet</i> | Preferred | |
| Antitubercular - Niacinamide Derivatives - Antibiotics | | |
| <i>pyrazinamide oral tablet</i> | Preferred | |
| Antitubercular - Rifamycin And Derivatives - Antibiotics | | |
| <i>PRIFTIN ORAL TABLET (rifapentine)</i> | Preferred | QL (32 EA per 30 days) |
| <i>rifabutin oral capsule</i> | Preferred | PA |
| <i>rifampin oral capsule</i> | Preferred | |
| Antitubercular Agents Other - Antibiotics | | |
| <i>ethambutol oral tablet</i> | Preferred | |
| <i>TRECATOR ORAL TABLET (ethionamide)</i> | Preferred | |
| Cephalosporin Antibiotics - 1St Generation - Antibiotics | | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i> | Preferred | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml</i> | Preferred | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Preferred | |
| <i>cephalexin oral suspension for reconstitution</i> | Preferred | |
| Cephalosporin Antibiotics - 2Nd Generation - Antibiotics | | |
| <i>cefaclor oral capsule</i> | Preferred | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Preferred | |
| <i>cefuroxime axetil oral tablet</i> | Preferred | |
| Cephalosporin Antibiotics - 3Rd Generation - Antibiotics | | |
| <i>cefdinir oral capsule</i> | Preferred | |
| <i>cefdinir oral suspension for reconstitution</i> | Preferred | ST |

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|--|---------------|--|
| <i>ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg</i> | Preferred | FL (1 fill per 365 days) |
| Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections | | |
| VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>) | Non-Preferred | SP |
| <i>valganciclovir oral tablet</i> | Preferred | PA; SP |
| Fluoroquinolone Antibiotics - Antibiotics | | |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML (<i>ciprofloxacin</i>) | Preferred | QL (300 ML per 30 days) |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML (<i>ciprofloxacin</i>) | Preferred | QL (150 ML per 30 days) |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg</i> | Preferred | QL (28 EA per 30 days) |
| <i>ciprofloxacin hcl oral tablet 500 mg, 750 mg</i> | Preferred | |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i> | Preferred | QL (300 ML per 30 days) |
| <i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i> | Preferred | QL (150 ML per 30 days) |
| <i>levofloxacin oral solution</i> | Preferred | QL (280 ML per 30 days); AL (Min 18 Years) |
| <i>levofloxacin oral tablet</i> | Preferred | QL (14 EA per 30 days); AL (Min 18 Years) |
| Glycopeptide Antibiotics - Antibiotics | | |
| FIRVANQ ORAL RECON SOLN (<i>vancomycin hcl</i>) | Preferred | PA |
| <i>vancomycin oral capsule 125 mg</i> | Preferred | PA |
| Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections | | |
| BARACLUDE ORAL TABLET (<i>entecavir</i>) | Preferred | PA; SP |
| <i>entecavir oral tablet</i> | Preferred | |
| <i>lamivudine oral tablet 100 mg</i> | Preferred | |
| Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections | | |
| <i>adefovir oral tablet</i> | Preferred | PA; SP |
| Hepatitis C - Interferons - Drugs For Viral Infections | | |
| PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>) | Preferred | PA; SP |
| PEGASYS SUBCUTANEOUS SYRINGE (<i>peginterferon alfa-2a</i>) | Preferred | PA; SP |
| Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections | | |
| MAVYRET ORAL TABLET (<i>glecaprevir/pibrentasvir</i>) | Preferred | PA; SP |
| ZEPATIER ORAL TABLET (<i>elbasvir/grazoprevir</i>) | Preferred | PA; SP |
| Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections | | |
| VOSEVI ORAL TABLET (<i>sofosbuvir/velpatasvir/voxilaprevir</i>) | Preferred | PA; SP |

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|---|---------------|--|
| Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections | | |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir/velpatasvir) | Non-Preferred | SP |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir/sofosbuvir) | Preferred | PA; SP |
| sofosbuvir-velpatasvir oral tablet | Preferred | PA; SP |
| Hepatitis C - Nucleos(T)ide Analog Ns5b Polymerase Inhibitors - Drugs For Viral Infections | | |
| SOVALDI ORAL TABLET 400 MG (sofosbuvir) | Preferred | PA; SP |
| Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections | | |
| ribavirin oral capsule | Preferred | PA; SP |
| ribavirin oral tablet 200 mg | Preferred | PA; SP |
| Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb - Drugs For Viral Infections | | |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK (ombitasvir/paritaprevir/ritonavir/dasabuvir sodium) | Preferred | PA |
| Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections | | |
| acyclovir oral capsule | Preferred | |
| acyclovir oral suspension 200 mg/5 ml | Preferred | |
| acyclovir oral tablet | Preferred | |
| valacyclovir oral tablet | Preferred | |
| Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections | | |
| famciclovir oral tablet | Preferred | |
| Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections | | |
| oseltamivir oral capsule 30 mg | Preferred | FL (2 fills per 180 days); QL (20 EA per 30 days) |
| oseltamivir oral capsule 45 mg, 75 mg | Preferred | FL (2 fills per 180 days); QL (10 EA per 30 days) |
| oseltamivir oral suspension for reconstitution | Preferred | FL (2 fills per 180 days); QL (120 ML per 30 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE (zanamivir) | Preferred | FL (2 fills per 180 days) |
| TAMIFLU ORAL CAPSULE (oseltamivir phosphate) | Non-Preferred | |
| Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections | | |
| XOFLUZA ORAL TABLET 20 MG, 40 MG (baloxavir marboxil) | Preferred | PA |
| Lincosamide Antibiotics - Antibiotics | | |
| clindamycin hcl oral capsule | Preferred | |
| clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln) | Preferred | |

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|--|---------------|--|
| Macrolide Antibiotics - Antibiotics | | |
| <i>azithromycin oral packet</i> | Preferred | |
| <i>azithromycin oral suspension for reconstitution</i> | Preferred | |
| <i>azithromycin oral tablet</i> | Preferred | |
| <i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i> | Preferred | |
| <i>clarithromycin oral tablet</i> | Preferred | |
| DIFICID ORAL TABLET (<i>fidaxomicin</i>) | Preferred | PA; QL (20 EA per 1 day) |
| <i>erythromycin ethylsuccinate</i> (E.E.S. 400 Oral Tablet) | Non-Preferred | |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION (<i>erythromycin ethylsuccinate</i>) | Preferred | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION (<i>erythromycin ethylsuccinate</i>) | Preferred | |
| <i>erythromycin base</i> (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec)) | Non-Preferred | |
| <i>erythromycin stearate</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg) | Preferred | FL (1 fill per 365 days); QL (1 EA per 365 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> | Preferred | QL (1 ML per 365 days) |
| <i>erythromycin ethylsuccinate oral tablet</i> | Preferred | FL (1 fill per 365 days) |
| <i>erythromycin oral capsule,delayed release(dr/ec)</i> | Preferred | FL (1 fill per 365 days) |
| <i>erythromycin oral tablet</i> | Preferred | FL (1 fill per 365 days) |
| <i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 500 mg</i> | Preferred | FL (1 fill per 365 days) |
| <i>erythromycin oral tablet,delayed release (dr/ec) 333 mg</i> | Preferred | FL (1 fill per 365 days) |
| Misc Anti-Infective - Drugs For Infections | | |
| <i>methenamine hippurate oral tablet</i> | Preferred | |
| <i>methenamine mandelate oral tablet</i> | Preferred | |
| Oxazolidinone Antibiotics - Antibiotics | | |
| <i>linezolid oral tablet</i> | Preferred | PL; QL (2 EA per 1 day) |
| ZYVOX ORAL TABLET (<i>linezolid</i>) | Non-Preferred | |
| Penicillin Antibiotic - Natural - Antibiotics | | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML (<i>penicillin g benzathine</i>) | Preferred | |
| <i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i> | Preferred | |
| <i>penicillin v potassium oral recon soln</i> | Preferred | |
| <i>penicillin v potassium oral tablet</i> | Preferred | |
| Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics | | |
| <i>dicloxacillin oral capsule</i> | Preferred | |
| Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections | | |
| VIRAZOLE INHALATION RECON SOLN (<i>ribavirin</i>) | Preferred | SP |

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| Rifamycins And Related Derivative Antibiotics - Antibiotics | | |
| PRIFTIN ORAL TABLET (<i>rifapentine</i>) | Preferred | QL (128 EA per 180 days) |
| <i>rifabutin oral capsule</i> | Preferred | PA |
| <i>rifampin oral capsule</i> | Preferred | |
| XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>) | Preferred | PA; ST |
| Tetracycline Antibiotics - Antibiotics | | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | Preferred | |
| <i>doxycycline monohydrate oral tablet 100 mg</i> | Preferred | |
| <i>minocycline oral capsule</i> | Preferred | |
| <i>tetracycline oral capsule 250 mg</i> | Non-Preferred | |
| <i>tetracycline oral capsule 500 mg</i> | Preferred | PA; QL (56 EA per 14 days) |
| Antineoplastics - Drugs For Cancer | | |
| Anp - Human Vascular Endothelial Growth Factor Inhib Rec-Mc Antibody - Drugs For Cancer | | |
| AVASTIN INTRAVENOUS SOLUTION (<i>bevacizumab</i>) | Preferred | PA; SP |
| Antineoplastic-Epiderm.Growth Factor-Egfr (Erbb1),Her-2 (Erbb2)R.Inhib - Drugs For Cancer | | |
| TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>) | Preferred | PA; SP |
| Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer | | |
| TARCEVA ORAL TABLET (<i>erlotinib hcl</i>) | Preferred | PA; SP |
| Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer | | |
| BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>) | Preferred | PA; SP |
| MYLERAN ORAL TABLET (<i>busulfan</i>) | Preferred | PA; SP |
| Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer | | |
| MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>) | Preferred | PA |
| Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer | | |
| ALKERAN ORAL TABLET (<i>melphalan</i>) | Preferred | PA; SP |
| <i>cyclophosphamide oral capsule</i> | Preferred | |
| LEUKERAN ORAL TABLET (<i>chlorambucil</i>) | Preferred | PA; SP |
| Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer | | |
| BICNU INTRAVENOUS RECON SOLN (<i>carmustine</i>) | Preferred | PA; SP |
| Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer | | |
| TEMODAR INTRAVENOUS RECON SOLN (<i>temozolomide</i>) | Preferred | PA; SP |
| <i>temozolomide oral capsule</i> | Preferred | PA; SP |

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|---|-----------|--------------------------------|
| Antineoplastic - Antiadrenals - Drugs For Cancer | | |
| LYSODREN ORAL TABLET (<i>mitotane</i>) | Preferred | PA; SP |
| Antineoplastic - Antiandrogens - Drugs For Cancer | | |
| <i>bicalutamide oral tablet</i> | Preferred | SP |
| <i>flutamide oral capsule</i> | Preferred | PA; SP |
| NILANDRON ORAL TABLET (<i>nilutamide</i>) | Preferred | PA; SP |
| Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer | | |
| ALIMTA INTRAVENOUS RECON SOLN (<i>pemetrexed disodium</i>) | Preferred | PA; SP |
| <i>methotrexate sodium (pf) injection solution</i> | Preferred | QL (8 ML per 28 days) |
| <i>methotrexate sodium injection solution</i> | Preferred | |
| <i>methotrexate sodium oral tablet</i> | Preferred | |
| Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer | | |
| <i>mercaptopurine oral tablet</i> | Preferred | |
| TABLOID ORAL TABLET (<i>thioguanine</i>) | Preferred | PA; SP |
| Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer | | |
| <i>capecitabine oral tablet</i> | Preferred | PA; SP |
| Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer | | |
| <i>hydroxyurea oral capsule</i> | Preferred | |
| Antineoplastic - Aromatase Inhibitors - Drugs For Cancer | | |
| <i>anastrozole oral tablet</i> | Preferred | |
| <i>exemestane oral tablet</i> | Preferred | SP |
| <i>letrozole oral tablet</i> | Preferred | |
| Antineoplastic - Cd20 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer | | |
| RITUXAN INTRAVENOUS CONCENTRATE (<i>rituximab</i>) | Preferred | PA; SP |
| Antineoplastic - Epipodophyllotoxins - Drugs For Cancer | | |
| ETOPOPHOS INTRAVENOUS RECON SOLN (<i>etoposide phosphate</i>) | Preferred | PA; SP |
| <i>etoposide oral capsule</i> | Preferred | PA; SP |
| Antineoplastic - Epothilones And Analogs - Drugs For Cancer | | |
| IXEMPRA INTRAVENOUS RECON SOLN (<i>ixabepilone</i>) | Preferred | PA; SP |
| Antineoplastic - Estrogens - Drugs For Cancer | | |
| EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>) | Preferred | PA; SP |
| Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer | | |
| ZOLINZA ORAL CAPSULE (<i>vorinostat</i>) | Preferred | PA; SP |

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| Antineoplastic - Interferons - Drugs For Cancer | | |
| INTRON A INJECTION RECON SOLN (<i>interferon alfa-2b,recomb.</i>) | Preferred | PA; SP |
| Antineoplastic - Interleukins - Drugs For Cancer | | |
| PROLEUKIN INTRAVENOUS RECON SOLN (<i>aldesleukin</i>) | Preferred | PA; SP |
| Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer | | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| ELIGARD SUBCUTANEOUS SYRINGE (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| <i>leuprolide subcutaneous kit</i> | Preferred | PA; SP |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG (<i>triptorelin pamoate</i>) | Preferred | PA |
| VANTAS IMPLANT KIT (<i>histrelin acetate</i>) | Preferred | PA; SP |
| ZOLADEX SUBCUTANEOUS IMPLANT (<i>goserelin acetate</i>) | Preferred | PA; SP |
| Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer | | |
| <i>cromolyn oral concentrate</i> | Preferred | PA; SP |
| Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer | | |
| COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>) | Preferred | PA; SP |
| MEKINIST ORAL TABLET (<i>trametinib dimethyl sulfoxide</i>) | Preferred | PA; SP |
| Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer | | |
| AFINITOR ORAL TABLET (<i>everolimus</i>) | Preferred | PA; SP |
| Antineoplastic - Multikinase Inhibitors - Drugs For Cancer | | |
| NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>) | Preferred | PA; SP |
| Antineoplastic - Platinum Complexes - Drugs For Cancer | | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | Preferred | PA; SP |
| Antineoplastic - Progestins - Drugs For Cancer | | |
| <i>megestrol oral tablet</i> | Preferred | |
| Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer | | |
| VELCADE INJECTION RECON SOLN (<i>bortezomib</i>) | Preferred | PA; SP |

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| Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer | | |
| GLEEVEC ORAL TABLET (<i>imatinib mesylate</i>) | Preferred | PA; SP |
| SPRYCEL ORAL TABLET (<i>dasatinib</i>) | Preferred | PA; SP |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (<i>sunitinib malate</i>) | Preferred | PA; SP |
| TASIGNA ORAL CAPSULE 200 MG (<i>nilotinib hcl</i>) | Preferred | PA; SP |
| Antineoplastic - Retinoids - Drugs For Cancer | | |
| <i>tretinoin (antineoplastic) oral capsule</i> | Preferred | PA; SP |
| Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer | | |
| FARESTON ORAL TABLET (<i>toremifene citrate</i>) | Preferred | PA; SP |
| <i>tamoxifen oral tablet</i> | Preferred | |
| Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer | | |
| <i>bexarotene oral capsule</i> | Preferred | PA; SP |
| TARGRETIN ORAL CAPSULE (<i>bexarotene</i>) | Preferred | PA |
| Antineoplastic - Taxanes - Drugs For Cancer | | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION (<i>paclitaxel protein-bound</i>) | Preferred | PA; SP |
| DOCEFREZ INTRAVENOUS RECON SOLN (<i>docetaxel</i>) | Preferred | PA; SP |
| Antineoplastic - Thalidomide Analogs - Drugs For Cancer | | |
| REVLIMID ORAL CAPSULE (<i>lenalidomide</i>) | Preferred | PA; SP |
| THALOMID ORAL CAPSULE (<i>thalidomide</i>) | Preferred | PA; SP |
| Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer | | |
| CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>) | Preferred | PA |
| HYCAMTIN INTRAVENOUS RECON SOLN (<i>topotecan hcl</i>) | Preferred | PA |
| HYCAMTIN ORAL CAPSULE (<i>topotecan hcl</i>) | Preferred | PA; SP |
| <i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> | Preferred | PA; SP |
| <i>irinotecan intravenous solution 500 mg/25 ml</i> | Preferred | PA; SP |
| ONIVYDE INTRAVENOUS DISPERSION (<i>irinotecan liposomal</i>) | Preferred | PA |
| <i>topotecan intravenous recon soln</i> | Preferred | PA; SP |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i> | Preferred | PA; SP |
| Antineoplastic - Vinca Alkaloids And Analogs - Drugs For Cancer | | |
| MARQIBO INTRAVENOUS KIT (<i>vincristine sulfate liposomal</i>) | Preferred | PA |
| NAVELBINE INTRAVENOUS SOLUTION (<i>vinorelbine tartrate</i>) | Preferred | PA |
| <i>vinblastine intravenous solution</i> | Preferred | PA; SP |
| <i>vincristine intravenous solution</i> | Preferred | PA; SP |
| <i>vinorelbine intravenous solution</i> | Preferred | PA; SP |
| Antineoplastic Antibiotic - Actinomycins - Drugs For Cancer | | |
| <i>dactinomycin intravenous recon soln</i> | Preferred | PA |

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| Antineoplastic Antibiotic - Anthracyclines - Drugs For Cancer | | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN (<i>doxorubicin hcl</i>) | Preferred | PA; SP |
| <i>doxorubicin hcl</i> (Adriamycin Intravenous Solution) | Preferred | PA; SP |
| <i>daunorubicin intravenous solution</i> | Preferred | PA; SP |
| DOXIL INTRAVENOUS SUSPENSION (<i>doxorubicin hcl pegylated liposomal</i>) | Preferred | PA |
| <i>doxorubicin intravenous recon soln 50 mg</i> | Preferred | PA |
| <i>doxorubicin intravenous solution</i> | Preferred | PA |
| <i>doxorubicin, peg-liposomal intravenous suspension</i> | Preferred | PA |
| ELLENCE INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>) | Preferred | PA |
| <i>epirubicin intravenous recon soln</i> | Preferred | PA |
| <i>epirubicin intravenous solution</i> | Preferred | PA |
| IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>) | Preferred | PA |
| <i>idarubicin intravenous solution</i> | Preferred | PA |
| <i>mitoxantrone intravenous concentrate</i> | Preferred | PA; SP |
| VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>) | Preferred | PA |
| Antineoplastic Antibiotic - Others - Drugs For Cancer | | |
| <i>bleomycin injection recon soln</i> | Preferred | PA; SP |
| <i>mitomycin intravenous recon soln</i> | Preferred | PA |
| <i>mitomycin intravesical syringe</i> | Preferred | PA |
| <i>mitomycin</i> (Mutamycin Intravenous Recon Soln) | Preferred | PA |
| ZANOSAR INTRAVENOUS RECON SOLN (<i>streptozocin</i>) | Preferred | PA |
| Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib. - Drugs For Cancer | | |
| BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>) | Preferred | PA; SP |
| IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>) | Preferred | PA; SP |
| TECENTRIQ INTRAVENOUS SOLUTION (<i>atezolizumab</i>) | Preferred | PA; SP |
| Epidermal Growth Factor Recept (Her-2) Subdomain II Blocker, Rec-Mc Ab - Drugs For Cancer | | |
| PERJETA INTRAVENOUS SOLUTION (<i>pertuzumab</i>) | Preferred | PA; SP |
| Epidermal Growth Factor Recept Blocker (Her-1 Type), Rec-Mc Antibody - Drugs For Cancer | | |
| ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>) | Preferred | PA; SP |
| PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>) | Preferred | PA |
| VECTIBIX INTRAVENOUS SOLUTION (<i>panitumumab</i>) | Preferred | PA; SP |
| Epidermal Growth Factor Recept Blocker (Her-2 Type), Rec-Mc Antibody - Drugs For Cancer | | |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (<i>trastuzumab</i>) | Preferred | PA; SP |
| Methotrexate Rescue Agents - Drugs For Cancer | | |
| <i>leucovorin calcium oral tablet</i> | Preferred | |

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|---|-----------|--------------------------------|
| Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer | | |
| <i>leucovorin calcium oral tablet</i> | Preferred | |
| Antiseptics And Disinfectants - Antiseptics And Disinfectants | | |
| Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants | | |
| IODOSORB TOPICAL GEL (<i>cadexomer iodine</i>) | Preferred | PA |
| Biologicals - Biological Agents | | |
| Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections | | |
| SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>) | Preferred | PA; SP |
| Clostridioides (Clostridium) Difficile Monoclonal Antibody - Biological Agents | | |
| ZINPLAVA INTRAVENOUS SOLUTION (<i>bezloftumab</i>) | Preferred | PA |
| Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines | | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>) | Preferred | FL (3 fills per 999 days) |
| Hepatitis A Vaccine - Single Agents - Vaccines | | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis a virus vaccine/pf</i>) | Preferred | FL (2 fills per 999 days) |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION (<i>hepatitis a virus vaccine/pf</i>) | Preferred | FL (2 fills per 999 days) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis a virus vaccine/pf</i>) | Preferred | FL (2 fills per 999 days) |
| Hepatitis B Vaccines - Single Agents - Vaccines | | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION (<i>hepatitis b virus vaccine recombinant/pf</i>) | Preferred | FL (3 fills per 999 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis b virus vaccine recombinant/pf</i>) | Preferred | FL (3 fills per 999 days) |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis b virus vaccine recombinant/pf</i>) | Preferred | FL (3 fills per 999 days) |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>) | Preferred | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION (<i>hepatitis b virus vaccine recombinant/pf</i>) | Preferred | FL (3 fills per 999 days) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis b virus vaccine recombinant/pf</i>) | Preferred | FL (3 fills per 999 days) |
| Immune Globulin - Cytomegalovirus (Cmv) - Biological Agents | | |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>cytomegalovirus immune globulin (human)</i>) | Preferred | PA; SP |
| Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents | | |
| BIVIGAM INTRAVENOUS SOLUTION (<i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i>) | Preferred | PA |

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| FLEBOGAMMA DIF INTRAVENOUS SOLUTION (<i>immune globulin,gamma (igg)/sorbitolliga 0 to 50 mcg/ml</i>) | Preferred | PA |
| GAMASTAN S/D INTRAMUSCULAR SOLUTION (<i>immune globulin,gamma(igg)/glycine</i>) | Preferred | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION (<i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i>) | Preferred | PA |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN (<i>immune globulin,gamm(igg)/glycine/glucose/liga 0 to 50 mcg/ml</i>) | Preferred | PA |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION (<i>immune globulin,gamm(igg)/sorbitoll/glycin/liga 0 to 50 mcg/ml</i>) | Preferred | PA |
| PRIVIGEN INTRAVENOUS SOLUTION (<i>immune globulin,gamma (igg)/proline/liga 0 to 50 mcg/ml</i>) | Preferred | PA |
| Immune Globulin - Hepatitis B - Biological Agents | | |
| HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin/maltose</i>) | Preferred | PA; SP |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>) | Preferred | PA; SP |
| HYPERHEP B INTRAMUSCULAR SYRINGE (<i>hepatitis b immune globulin</i>) | Preferred | PA; SP |
| Immune Globulin - Rabies - Biological Agents | | |
| HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION (<i>rabies immune globulin/pf</i>) | Preferred | PA; SP |
| IMOGRAB RABIES-HT (PF) INTRAMUSCULAR SOLUTION (<i>rabies immune globulin/pf</i>) | Preferred | PA; SP |
| Immune Globulin - Rho(D) - Biological Agents | | |
| HYPERRHO S/D INTRAMUSCULAR SYRINGE (<i>rho(d) immune globulin</i>) | Preferred | FL (2 fills per 365 days) |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE (<i>rho(d) immune globulin</i>) | Preferred | FL (2 fills per 365 days) |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE (<i>rho(d) immune globulin</i>) | Preferred | FL (2 fills per 365 days) |
| RHOPHYLAC INJECTION SYRINGE (<i>rho(d) immune globulin</i>) | Preferred | FL (2 fills per 365 days) |
| WINRHO SDF INJECTION SOLUTION (<i>rho(d) immune globulin/maltose</i>) | Preferred | FL (2 fills per 365 days) |
| Immune Serums - Biological Agents | | |
| ATGAM INTRAVENOUS SOLUTION (<i>lymphocyte immune globulin,antithymocyte (equine)</i>) | Preferred | PA; SP |
| Live Vaccine And Live Virus Formulations - Vaccines | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN (<i>measles, mumps, and rubella vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION (<i>varicella virus vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION (<i>zoster vaccine live/pf</i>) | Preferred | AL (Min 50 Years) |

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|---|---------------|--------------------------------|
| Toxoid Vaccine Combinations - Vaccines | | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>) | Preferred | FL (1 fill per 999 days) |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>) | Preferred | FL (1 fill per 999 days) |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>) | Preferred | FL (1 fill per 999 days) |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>) | Preferred | FL (1 fill per 999 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>) | Preferred | FL (1 fill per 999 days) |
| TDVAX VIAL LATEX-FREE,INNER,SUV (<i>tetanus and diphtheria toxoids, adult</i>) | Preferred | |
| TDVAX VIAL LATEX-FREE,OUTER,SUV (<i>tetanus and diphtheria toxoids, adult</i>) | Non-Preferred | PA |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>) | Preferred | FL (1 fill per 999 days) |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>) | Preferred | FL (1 fill per 999 days) |
| <i>tetanus,diphtheria tox ped(pf) intramuscular suspension</i> | Preferred | |
| Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>) | Preferred | PA |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>) | Preferred | PA |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>) | Preferred | PA |
| Vaccine Bacterial - Gram Negative Cocci - Vaccines | | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>) | Preferred | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>) | Preferred | |
| Vaccine Bacterial - Gram Positive Cocci - Vaccines | | |
| PNEUMOVAX-23 INJECTION SOLUTION (<i>pneumococcal 23-valent polysaccharide vaccine</i>) | Preferred | FL (2 fills per 999 days) |
| PNEUMOVAX-23 INJECTION SYRINGE (<i>pneumococcal 23-valent polysaccharide vaccine</i>) | Preferred | FL (2 fills per 999 days) |
| PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE (<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>) | Preferred | FL (1 fill per 999 days) |
| Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines | | |
| BEXSERO INTRAMUSCULAR SYRINGE (<i>meningococcal group b vaccine, 4-component</i>) | Preferred | FL (2 fills per 999 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE (<i>neisseria meningitidis group b, lipidated fbp recombinant</i>) | Preferred | FL (3 fills per 999 days) |

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|---|-----------|--------------------------------|
| Vaccine Viral - Influenza A And B - Vaccines | | |
| AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf)</i> | Preferred | AL (Min 19 Years) |
| AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf)</i> | Preferred | AL (Min 19 Years) |
| AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION <i>(influenza virus vaccine quadrivalent 2021-22 (6 mos and up))</i> | Preferred | AL (Min 19 Years) |
| FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE <i>(influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine qv 2021-22(18 yrs and older)rcmbl/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE (<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>) | Preferred | AL (Min 19 Years) |
| FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION (<i>flu vaccine quadri 2021-2022(6 month and older)cell derived</i>) | Preferred | AL (Min 19 Years) |
| FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE <i>(influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs))</i> | Preferred | AL (Min 19 Years) |
| FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine quadrival split 2021-22(65 yr up)/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION <i>(influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION <i>(influenza virus vaccine quadrivalent 2021-22 (6 mos and up))</i> | Preferred | AL (Min 19 Years) |
| FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE <i>(influenza virus vacc quad 2021 south hem (6 mos and up)/pf)</i> | Preferred | AL (Min 19 Years) |
| FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION <i>(influenza virus vacc quad 2021 south hem (6 months and up))</i> | Preferred | AL (Min 19 Years) |
| Vaccine Viral - Measles - Vaccines | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN (<i>measles, mumps, and rubella vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| Vaccine Viral - Mumps And Related - Vaccines | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN (<i>measles, mumps, and rubella vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| Vaccine Viral - Rabies - Vaccines | | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN <i>(rabies vaccine, human diploid cell/pf)</i> | Preferred | PA |

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|--|---------------|--------------------------------|
| Vaccine Viral - Rubella - Vaccines | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN (<i>measles, mumps, and rubella vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| Vaccine Viral - Varicella - Vaccines | | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION (<i>varicella-zoster virus glycoprotein e,reclas01b adjuvant/pf</i>) | Preferred | AL (Min 50 Years) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION (<i>varicella virus vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION (<i>zoster vaccine live/pf</i>) | Preferred | AL (Min 50 Years) |
| Vaccine Viral Combinations - Vaccines | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN (<i>measles, mumps, and rubella vaccine live/pf</i>) | Preferred | FL (2 fills per 999 days) |
| Cardiovascular Therapy Agents - Drugs For The Heart | | |
| Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure | | |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | Preferred | |
| <i>captopril-hydrochlorothiazide oral tablet</i> | Non-Preferred | |
| <i>enalapril-hydrochlorothiazide oral tablet</i> | Preferred | |
| <i>lisinopril-hydrochlorothiazide oral tablet</i> | Preferred | |
| Ace Inhibitors - Drugs For High Blood Pressure | | |
| <i>benazepril oral tablet</i> | Preferred | |
| <i>captopril oral tablet</i> | Non-Preferred | |
| <i>enalapril maleate oral tablet</i> | Preferred | |
| <i>lisinopril oral tablet</i> | Preferred | |
| <i>quinapril oral tablet</i> | Preferred | |
| <i>ramipril oral capsule</i> | Preferred | |
| Aldosterone Receptor Antagonists - Drugs For High Blood Pressure | | |
| <i>spironolactone oral tablet</i> | Preferred | |
| Alpha-Beta Blockers - Drugs For High Blood Pressure | | |
| <i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i> | Preferred | QL (60 EA per 30 days) |
| <i>carvedilol oral tablet 25 mg</i> | Preferred | QL (120 EA per 30 days) |
| <i>labetalol oral tablet</i> | Preferred | |
| Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations - Drugs For High Blood Pressure | | |
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | Preferred | ST |
| <i>losartan-hydrochlorothiazide oral tablet</i> | Preferred | |
| <i>olmesartan-hydrochlorothiazide oral tablet</i> | Preferred | ST; QL (30 EA per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet</i> | Preferred | PA |

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|--|---------------|--------------------------------|
| Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (Arni) - Drugs For High Blood Pressure | | |
| ENTRESTO ORAL TABLET 24-26 MG, 97-103 MG (<i>sacubitrill/valsartan</i>) | Preferred | QL (60 EA per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG (<i>sacubitrill/valsartan</i>) | Preferred | QL (1 EA per 30 days) |
| Angiotensin II Receptor Blockers (Arbs) - Drugs For High Blood Pressure | | |
| <i>irbesartan oral tablet</i> | Preferred | ST; QL (30 EA per 30 days) |
| <i>losartan oral tablet</i> | Preferred | |
| <i>olmesartan oral tablet 20 mg, 40 mg</i> | Preferred | ST; QL (30 EA per 30 days) |
| <i>olmesartan oral tablet 5 mg</i> | Preferred | ST; QL (60 EA per 30 days) |
| <i>valsartan oral tablet</i> | Preferred | PA |
| Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina | | |
| ISORDIL ORAL TABLET (<i>isosorbide dinitrate</i>) | Preferred | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | Preferred | |
| <i>isosorbide mononitrate oral tablet</i> | Preferred | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr</i> | Preferred | |
| <i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment) | Preferred | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>) | Preferred | |
| <i>nitroglycerin oral capsule, extended release</i> | Preferred | |
| <i>nitroglycerin sublingual tablet</i> | Preferred | |
| <i>nitroglycerin transdermal patch 24 hour</i> | Preferred | |
| <i>nitroglycerin translingual spray,non-aerosol</i> | Non-Preferred | |
| NITROMIST TRANSLINGUAL AEROSOL,SPRAY (<i>nitroglycerin</i>) | Non-Preferred | |
| NITROSTAT SUBLINGUAL TABLET (<i>nitroglycerin</i>) | Preferred | |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE (<i>nitroglycerin</i>) | Preferred | |
| Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina | | |
| RANEXA ER 1,000 MG TABLET (<i>ranolazine</i>) | Non-Preferred | |
| RANEXA ER 500 MG TABLET (<i>ranolazine</i>) | Non-Preferred | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG (<i>ranolazine</i>) | Preferred | PA |
| <i>ranolazine oral tablet extended release 12 hr</i> | Preferred | PA |
| Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms | | |
| <i>disopyramide phosphate oral capsule</i> | Preferred | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE (<i>disopyramide phosphate</i>) | Preferred | |
| <i>quinidine gluconate oral tablet extended release</i> | Preferred | |
| <i>quinidine sulfate oral tablet</i> | Preferred | |

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| Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms | | |
| <i>mexiletine oral capsule</i> | Preferred | |
| Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms | | |
| <i>flecainide oral tablet</i> | Preferred | |
| <i>propafenone oral capsule,extended release 12 hr</i> | Preferred | |
| <i>propafenone oral tablet</i> | Preferred | |
| Antiarrhythmic - Class II - Drugs For Abnormal Heart Rhythms | | |
| <i>sotalol hcl</i> (Sorine Oral Tablet) | Preferred | |
| <i>sotalol hcl</i> (Sotalol Af Oral Tablet) | Preferred | |
| <i>sotalol oral tablet</i> | Preferred | |
| Antiarrhythmic - Class III - Drugs For Abnormal Heart Rhythms | | |
| <i>amiodarone oral tablet 200 mg</i> | Preferred | |
| MULTAQ ORAL TABLET (<i>dronedarone hcl</i>) | Preferred | PA |
| <i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg) | Preferred | |
| Antiarrhythmic - Class IV - Drugs For Abnormal Heart Rhythms | | |
| <i>verapamil oral tablet</i> | Preferred | |
| Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol | | |
| <i>cholestyramine (with sugar) oral powder</i> | Preferred | |
| <i>cholestyramine (with sugar) oral powder in packet</i> | Preferred | |
| <i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder) | Preferred | |
| <i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet) | Preferred | |
| <i>colesevelam oral tablet</i> | Preferred | PA |
| <i>cholestyramine/aspartame</i> (Prevalite Oral Powder) | Preferred | |
| <i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet) | Preferred | |
| <i>cholestyramine (with sugar)</i> (Questran Oral Powder In Packet) | Preferred | |
| WELCHOL ORAL TABLET (<i>colesevelam hcl</i>) | Preferred | PA |
| Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol | | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | Preferred | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | Preferred | |
| <i>gemfibrozil oral tablet</i> | Preferred | |
| Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol | | |
| <i>atorvastatin oral tablet</i> | Preferred | |
| <i>lovastatin oral tablet</i> | Preferred | |
| <i>pravastatin oral tablet</i> | Preferred | |
| <i>rosuvastatin oral tablet</i> | Preferred | QL (30 EA per 30 days) |
| <i>simvastatin oral tablet</i> | Preferred | |

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|--|---------------|--------------------------------|
| Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol | | |
| <i>niacin oral tablet 500 mg</i> | Preferred | PA |
| <i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Preferred | PA |
| <i>niacin</i> (Niacor Oral Tablet) | Preferred | PA |
| Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol | | |
| <i>icosapent ethyl oral capsule</i> | Preferred | |
| <i>omega-3 acid ethyl esters oral capsule</i> | Preferred | |
| Antihyperlipidemic - Pcsk9 Inhibitors - Drugs For Cholesterol | | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR (<i>alirocumab</i>) | Preferred | PA; SP; QL (2 ML per 28 days) |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR (<i>evolocumab</i>) | Preferred | PA; SP; QL (4 ML per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR (<i>evolocumab</i>) | Preferred | PA; SP; QL (2 ML per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE (<i>evolocumab</i>) | Preferred | PA; SP; QL (2 ML per 28 days) |
| Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol | | |
| <i>ezetimibe oral tablet</i> | Preferred | |
| ZETIA ORAL TABLET (<i>ezetimibe</i>) | Non-Preferred | |
| Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol | | |
| VYTORIN 10-10 ORAL TABLET (<i>ezetimibe/simvastatin</i>) | Preferred | PA |
| VYTORIN 10-20 ORAL TABLET (<i>ezetimibe/simvastatin</i>) | Preferred | PA |
| VYTORIN 10-40 ORAL TABLET (<i>ezetimibe/simvastatin</i>) | Preferred | PA |
| VYTORIN 10-80 ORAL TABLET (<i>ezetimibe/simvastatin</i>) | Preferred | PA |
| Beta Blockers Cardiac Selective - Drugs For High Blood Pressure | | |
| <i>atenolol oral tablet</i> | Preferred | |
| <i>betaxolol oral tablet</i> | Non-Preferred | |
| <i>bisoprolol fumarate oral tablet</i> | Preferred | |
| BYSTOLIC ORAL TABLET (<i>nebivolol hcl</i>) | Preferred | PA |
| <i>metoprolol succinate oral tablet extended release 24 hr</i> | Preferred | |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> | Preferred | |
| <i>metoprolol tartrate oral tablet 25 mg</i> | Preferred | |
| Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure | | |
| <i>pindolol oral tablet</i> | Preferred | |
| Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure | | |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR (<i>propranolol hcl</i>) | Preferred | |

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|---|---------------|--------------------------------|
| <i>nadolol oral tablet</i> | Preferred | |
| <i>propranolol oral capsule,extended release 24 hr</i> | Preferred | |
| <i>propranolol oral solution</i> | Preferred | |
| <i>propranolol oral tablet</i> | Preferred | |
| <i>sotalol hcl</i> (Sorine Oral Tablet) | Preferred | |
| <i>sotalol hcl</i> (Sotalol Af Oral Tablet) | Preferred | |
| <i>sotalol oral tablet</i> | Preferred | |
| <i>timolol maleate oral tablet</i> | Preferred | |
| Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure | | |
| <i>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR (diltiazem hcl)</i> | Non-Preferred | |
| <i>diltiazem hcl</i> (Cartia Xt Oral Capsule,Extended Release 24Hr) | Preferred | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg</i> | Preferred | |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i> | Non-Preferred | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i> | Preferred | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> | Non-Preferred | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | Preferred | |
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> | Non-Preferred | |
| <i>diltiazem hcl oral tablet</i> | Preferred | |
| <i>diltiazem hcl oral tablet extended release 24 hr</i> | Preferred | |
| <i>DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE (diltiazem hcl)</i> | Preferred | |
| <i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hr) | Preferred | |
| <i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr) | Preferred | |
| Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure | | |
| <i>amlodipine oral tablet</i> | Preferred | |
| <i>felodipine oral tablet extended release 24 hr</i> | Preferred | |
| <i>nifedipine oral capsule</i> | Preferred | |
| <i>nifedipine oral tablet extended release</i> | Preferred | |
| <i>nifedipine oral tablet extended release 24hr</i> | Preferred | |
| Calcium Channel Blockers - Phenylalkamines - Drugs For High Blood Pressure | | |
| <i>verapamil oral capsule, 24 hr er pellet ct</i> | Preferred | |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | Preferred | |
| <i>verapamil oral tablet</i> | Preferred | |
| <i>verapamil oral tablet extended release</i> | Preferred | |

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|---|-----------|--------------------------------|
| Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure | | |
| <i>atenolol-chlorthalidone oral tablet</i> | Preferred | |
| Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction | | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (<i>epinephrine</i>) | Preferred | |
| <i>epinephrine injection auto-injector</i> | Preferred | |
| <i>epinephrine injection solution 1 mg/ml (1 ml)</i> | Preferred | |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR (<i>epinephrine</i>) | Preferred | |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR (<i>epinephrine</i>) | Preferred | |
| EPIPEN JR INJECTION AUTO-INJECTOR (<i>epinephrine</i>) | Preferred | |
| Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction | | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (<i>epinephrine</i>) | Preferred | |
| <i>epinephrine injection solution 1 mg/ml (1 ml)</i> | Preferred | |
| <i>midodrine oral tablet 10 mg, 2.5 mg</i> | Preferred | PA; QL (90 EA per 30 days) |
| <i>midodrine oral tablet 5 mg</i> | Preferred | |
| Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure | | |
| <i>methyldopa-hydrochlorothiazide oral tablet</i> | Preferred | |
| Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure | | |
| <i>clonidine hcl oral tablet</i> | Preferred | |
| <i>clonidine transdermal patch weekly</i> | Preferred | PA; QL (4 EA per 28 days) |
| <i>guanfacine oral tablet</i> | Preferred | |
| <i>methyldopa oral tablet</i> | Preferred | |
| Digitalis Glycosides - Drugs For The Heart | | |
| <i>digoxin</i> (Digitek Oral Tablet) | Preferred | |
| <i>digoxin</i> (Digox Oral Tablet) | Preferred | |
| <i>digoxin oral solution</i> | Preferred | |
| <i>digoxin oral tablet</i> | Preferred | |
| LANOXIN ORAL TABLET 250 MCG (0.25 MG) (<i>digoxin</i>) | Preferred | |
| Direct Acting Vasodilators - Drugs For High Blood Pressure | | |
| <i>hydralazine oral tablet</i> | Preferred | |
| <i>minoxidil oral tablet</i> | Preferred | |
| Diuretic - Aldosterone Receptor Antagonist, Non-Selective - Drugs For High Blood Pressure | | |
| <i>spironolactone oral tablet</i> | Preferred | |

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|---|---------------|--------------------------------|
| Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure | | |
| <i>acetazolamide oral capsule, extended release</i> | Preferred | |
| <i>acetazolamide oral tablet</i> | Preferred | |
| <i>methazolamide oral tablet</i> | Preferred | |
| Diuretic - Loop - Drugs For High Blood Pressure | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg</i> | Preferred | |
| <i>bumetanide oral tablet 2 mg</i> | Non-Preferred | |
| <i>EDECRIN ORAL TABLET (ethacrynic acid)</i> | Preferred | PA |
| <i>furosemide oral solution 10 mg/ml</i> | Preferred | |
| <i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i> | Preferred | |
| <i>furosemide oral tablet</i> | Preferred | |
| <i>torsemide oral tablet</i> | Preferred | |
| Diuretic - Potassium Sparing - Drugs For High Blood Pressure | | |
| <i>DYRENIUM ORAL CAPSULE (triamterene)</i> | Preferred | |
| Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure | | |
| <i>ALDACTAZIDE ORAL TABLET 50-50 MG (spironolactone/hydrochlorothiazide)</i> | Preferred | |
| <i>spironolacton-hydrochlorothiaz oral tablet</i> | Preferred | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Preferred | |
| <i>triamterene-hydrochlorothiazid oral tablet</i> | Preferred | |
| Diuretic - Thiazides And Related - Drugs For High Blood Pressure | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Preferred | |
| <i>hydrochlorothiazide oral capsule</i> | Preferred | |
| <i>hydrochlorothiazide oral tablet</i> | Preferred | |
| <i>metolazone oral tablet</i> | Preferred | |
| Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs For High Blood Pressure | | |
| <i>CORLANOR ORAL TABLET (ivabradine hcl)</i> | Preferred | PA |
| Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists - Drugs For High Blood Pressure | | |
| <i>UPTRAVI ORAL TABLET (selexipag)</i> | Preferred | PA; SP |
| <i>UPTRAVI ORAL TABLETS,DOSE PACK (selexipag)</i> | Preferred | PA; SP |
| Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure | | |
| <i>doxazosin oral tablet</i> | Preferred | |
| <i>prazosin oral capsule</i> | Preferred | |
| <i>terazosin oral capsule</i> | Preferred | |

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|---|---------------|--------------------------------|
| Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure | | |
| epoprostenol (glycine) intravenous recon soln | Preferred | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE (treprostinil diolamine) | Non-Preferred | |
| REMODULIN INJECTION SOLUTION (treprostinil sodium) | Preferred | PA |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION (treprostinil) | Preferred | PA |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION (treprostinil/nebulizer accessories) | Preferred | PA |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION (treprostinil/nebulizer and accessories) | Preferred | PA |
| VELETRI INTRAVENOUS RECON SOLN (epoprostenol sodium) | Preferred | PA |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION (iloprost tromethamine) | Preferred | PA |
| Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs For High Blood Pressure | | |
| ADEMPAS ORAL TABLET (riociguat) | Preferred | PA |
| Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure | | |
| ambrisentan oral tablet | Preferred | PA |
| LETAIRIS ORAL TABLET (ambrisentan) | Non-Preferred | |
| OPSUMIT ORAL TABLET (macitentan) | Preferred | PA |
| TRACLEER ORAL TABLET (bosentan) | Preferred | PA |
| Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure | | |
| ADCIRCA ORAL TABLET (tadalafil) | Non-Preferred | |
| sildenafil (pulm.hypertension) oral tablet | Preferred | PA |
| tadalafil (pulm. hypertension) oral tablet | Preferred | PA |
| Renin Inhibitor, Direct - Drugs For High Blood Pressure | | |
| TEKTURNIA ORAL TABLET (aliskiren hemifumarate) | Preferred | PA |
| Central Nervous System Agents - Drugs For The Nervous System | | |
| Antianxiety Agent - Antihistamine Type - Drugs For Anxiety | | |
| hydroxyzine hcl oral solution | Preferred | |
| hydroxyzine hcl oral tablet | Preferred | |
| hydroxyzine pamoate oral capsule | Preferred | |
| Antianxiety Agent - Benzodiazepines - Drugs For Anxiety | | |
| alprazolam oral tablet | Preferred | |
| chlordiazepoxide hcl oral capsule | Preferred | |
| clonazepam oral tablet | Preferred | |
| clonazepam oral tablet,disintegrating | Preferred | |
| lorazepam oral concentrate | Preferred | |

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|--|-----------|--------------------------------|
| <i>lorazepam oral tablet</i> | Preferred | |
| Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety | | |
| <i>buspirone oral tablet</i> | Preferred | |
| Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>FYCOMPA ORAL TABLET (perampanel)</i> | Preferred | PA; PL; AL (Min 21 Years) |
| Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>phenobarbital oral elixir</i> | Preferred | |
| <i>phenobarbital oral tablet</i> | Preferred | |
| <i>primidone oral tablet</i> | Preferred | |
| Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>clobazam oral tablet</i> | Preferred | PL |
| <i>clonazepam oral tablet</i> | Preferred | |
| <i>clonazepam oral tablet,disintegrating</i> | Preferred | |
| <i>diazepam rectal kit</i> | Preferred | QL (1 EA per 30 days) |
| <i>ONFI ORAL TABLET (clobazam)</i> | Preferred | PL |
| Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>felbamate oral tablet 400 mg</i> | Preferred | PL |
| <i>felbamate oral tablet 600 mg</i> | Preferred | |
| Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>divalproex oral capsule, delayed rel sprinkle</i> | Preferred | |
| <i>divalproex oral tablet extended release 24 hr</i> | Preferred | |
| <i>divalproex oral tablet,delayed release (dr/ec)</i> | Preferred | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Preferred | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i> | Preferred | |
| <i>valproic acid oral capsule</i> | Preferred | |
| Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>VIMPAT INTRAVENOUS SOLUTION (lacosamide)</i> | Preferred | PL |
| <i>VIMPAT ORAL SOLUTION (lacosamide)</i> | Preferred | PL |
| <i>VIMPAT ORAL TABLET (lacosamide)</i> | Preferred | PL |
| Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>gabapentin oral capsule</i> | Preferred | |
| <i>gabapentin oral solution 250 mg/5 ml</i> | Preferred | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Preferred | |

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|--|---------------|--------------------------------|
| LYRICA ORAL CAPSULE (<i>pregabalin</i>) | Non-Preferred | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | Preferred | QL (90 EA per 30 Days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | Preferred | QL (60 EA per 30 Days) |
| Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| GABITRIL ORAL TABLET 12 MG, 16 MG (<i>tiagabine hcl</i>) | Preferred | PL |
| <i>tiagabine oral tablet 2 mg, 4 mg</i> | Preferred | PL |
| Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| SABRIL ORAL POWDER IN PACKET (<i>vigabatrin</i>) | Preferred | PA; SP |
| SABRIL ORAL TABLET (<i>vigabatrin</i>) | Preferred | PA; SP |
| Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| DILANTIN ORAL CAPSULE (<i>phenytoin sodium extended</i>) | Preferred | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | Preferred | |
| <i>phenytoin oral tablet, chewable</i> | Preferred | |
| <i>phenytoin sodium extended oral capsule</i> | Preferred | |
| Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| APTIOM ORAL TABLET (<i>eslicarbazepine acetate</i>) | Preferred | PA; PL; AL (Min 21 Years) |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | Preferred | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Preferred | |
| <i>carbamazepine oral tablet</i> | Preferred | |
| <i>carbamazepine oral tablet extended release 12 hr</i> | Preferred | |
| <i>carbamazepine oral tablet, chewable</i> | Preferred | |
| <i>carbamazepine</i> (Epitol Oral Tablet) | Preferred | |
| <i>oxcarbazepine oral suspension</i> | Preferred | |
| <i>oxcarbazepine oral tablet</i> | Preferred | |
| Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR (<i>topiramate</i>) | Non-Preferred | PL; AL (Min 2 Years) |
| TOPAMAX ORAL CAPSULE, SPRINKLE (<i>topiramate</i>) | Non-Preferred | |
| <i>topiramate oral capsule, sprinkle</i> | Preferred | AL (Max 12 Years) |
| <i>topiramate oral capsule,sprinkle,er 24hr</i> | Preferred | PA; PL; AL (Min 2 Years) |
| <i>topiramate oral tablet</i> | Preferred | |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR (<i>topiramate</i>) | Preferred | PA; PL; AL (Min 6 Years) |
| Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>lamotrigine oral tablet</i> | Preferred | |

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|---|-----------|--------------------------------|
| <i>lamotrigine oral tablet, chewable dispersible</i> | Preferred | |
| <i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | Preferred | |
| Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>BRIVIACT ORAL TABLET (brivaracetam)</i> | Preferred | PA; PL; AL (Min 21 Years) |
| <i>levetiracetam intravenous solution</i> | Preferred | |
| <i>levetiracetam oral solution</i> | Preferred | |
| <i>levetiracetam oral tablet</i> | Preferred | |
| <i>levetiracetam oral tablet extended release 24 hr</i> | Preferred | |
| Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>CELONTIN ORAL CAPSULE 300 MG (methsuximide)</i> | Preferred | |
| <i>ethosuximide oral capsule</i> | Preferred | PL |
| <i>ethosuximide oral solution</i> | Preferred | PL |
| Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>zonisamide oral capsule</i> | Preferred | |
| Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression | | |
| <i>mirtazapine oral tablet</i> | Preferred | QL (30 EA per 30 days) |
| <i>mirtazapine oral tablet,disintegrating</i> | Preferred | QL (30 EA per 30 days) |
| Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssrис) - Drugs For Depression | | |
| <i>citalopram oral solution</i> | Preferred | PA |
| <i>citalopram oral tablet</i> | Preferred | |
| <i>escitalopram oxalate oral solution</i> | Preferred | PA |
| <i>escitalopram oxalate oral tablet</i> | Preferred | |
| <i>fluoxetine oral capsule</i> | Preferred | |
| <i>fluoxetine oral solution</i> | Preferred | PA |
| <i>fluvoxamine oral tablet</i> | Preferred | |
| <i>paroxetine hcl oral tablet</i> | Preferred | QL (30 EA per 30 days) |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | Preferred | PA; QL (30 EA per 30 days) |
| <i>PAXIL ORAL SUSPENSION (paroxetine hcl)</i> | Preferred | PA |
| <i>sertraline oral concentrate</i> | Preferred | PA; QL (300 ML per 30 days) |
| <i>sertraline oral tablet</i> | Preferred | QL (60 EA per 30 days) |
| Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression | | |
| <i>nefazodone oral tablet</i> | Preferred | QL (90 EA per 30 days) |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> | Preferred | |

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|--|---------------|--------------------------------|
| Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression | | |
| <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i> | Preferred | QL (60 EA per 30 days) |
| <i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i> | Preferred | QL (30 EA per 30 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK <i>(levomilnacipran hcl)</i> | Preferred | PA; FL (1 fill per 180 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR <i>(levomilnacipran hcl)</i> | Preferred | PA; QL (30 EA per 30 days) |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG <i>(desvenlafaxine succinate)</i> | Preferred | PA |
| SAVELLA ORAL TABLET (<i>milnacipran hcl</i>) | Preferred | PA |
| SAVELLA ORAL TABLETS,DOSE PACK (<i>milnacipran hcl</i>) | Preferred | PA; FL (1 fill per 180 days) |
| <i>venlafaxine oral capsule,extended release 24hr</i> | Preferred | |
| <i>venlafaxine oral tablet</i> | Preferred | |
| Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression | | |
| VIIBRYD ORAL TABLET (<i>vilazodone hcl</i>) | Preferred | PA; QL (30 EA per 30 days) |
| Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression | | |
| TRINTELLIX ORAL TABLET (<i>vortioxetine hydrobromide</i>) | Preferred | PA |
| Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression | | |
| <i>perphenazine-amitriptyline oral tablet 4-25 mg, 4-50 mg</i> | Non-Preferred | |
| Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression | | |
| <i>bupropion hcl oral tablet</i> | Preferred | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | Preferred | |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | Preferred | |
| Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression | | |
| <i>amitriptyline oral tablet</i> | Preferred | |
| <i>desipramine oral tablet</i> | Preferred | |
| <i>doxepin oral capsule</i> | Preferred | |
| <i>doxepin oral concentrate</i> | Preferred | |
| <i>imipramine hcl oral tablet</i> | Preferred | |
| <i>nortriptyline oral capsule</i> | Preferred | |
| <i>nortriptyline oral solution</i> | Preferred | PA |
| Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson | | |
| <i>carbidopa-levodopa oral tablet</i> | Preferred | |
| <i>carbidopa-levodopa oral tablet extended release</i> | Preferred | |

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|---|---------------|--|
| <i>carbidopa-levodopa oral tablet,disintegrating</i> | Preferred | |
| Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson | | |
| NOURIANZ ORAL TABLET (<i>istradefylline</i>) | Preferred | PA; QL (30 EA per 30 days) |
| Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson | | |
| COMTAN ORAL TABLET (<i>entacapone</i>) | Non-Preferred | |
| <i>entacapone oral tablet</i> | Preferred | QL (8 EA per 1 day) |
| Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson | | |
| <i>bromocriptine oral capsule</i> | Preferred | |
| <i>bromocriptine oral tablet</i> | Preferred | |
| Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson | | |
| AZILECT ORAL TABLET (<i>rasagiline mesylate</i>) | Preferred | PL |
| <i>selegiline hcl oral capsule</i> | Preferred | |
| <i>selegiline hcl oral tablet</i> | Preferred | |
| Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson | | |
| <i>pramipexole oral tablet</i> | Preferred | QL (90 EA per 30 days) |
| <i>ropinirole oral tablet</i> | Preferred | QL (90 EA per 30 days) |
| Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders | | |
| <i>prochlorperazine maleate oral tablet</i> | Preferred | |
| Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder | | |
| <i>guanfacine oral tablet extended release 24 hr</i> | Preferred | ST; QL (30 EA per 30 days); AL (Min 4 Years) |
| Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder | | |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> (Adderall Oral Tablet 7.5 Mg) | Preferred | |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR (<i>methylphenidate</i>) | Preferred | PA; AL (Min 4 Years) |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50</i> | Preferred | ST; AL (Min 4 Years) |
| <i>dexmethylphenidate oral tablet</i> | Preferred | AL (Min 4 Years) |
| <i>dextroamphetamine oral capsule, extended release</i> | Preferred | AL (Min 4 Years) |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i> | Preferred | AL (Min 4 Years) |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i> | Preferred | AL (Min 4 Years) |
| <i>dextroamphetamine-amphetamine oral tablet</i> | Preferred | AL (Min 4 Years) |
| FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG (<i>dexmethylphenidate hcl</i>) | Non-Preferred | |

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|---|-----------|--------------------------------|
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i> | Preferred | AL (Min 4 Years) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> | Preferred | AL (Min 4 Years) |
| <i>methylphenidate hcl oral solution</i> | Preferred | AL (Min 4 Years) |
| <i>methylphenidate hcl oral tablet</i> | Preferred | AL (Min 4 Years) |
| <i>methylphenidate hcl oral tablet extended release</i> | Preferred | ST; AL (Min 4 Years) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | Preferred | ST; AL (Min 4 Years) |
| <i>methylphenidate hcl oral tablet,chewable</i> | Preferred | PA; AL (Min 4 Years) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR <i>(methylphenidate hcl)</i> | Preferred | PA; AL (Min 4 Years) |
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON <i>(methylphenidate hcl)</i> | Preferred | PA; AL (Min 4 Years) |
| VYVANSE ORAL CAPSULE (<i>lisdexamfetamine dimesylate</i>) | Preferred | PA; AL (Min 4 Years) |
| Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder | | |
| <i>atomoxetine oral capsule</i> | Preferred | ST; AL (Min 4 Years) |
| Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>alprazolam oral tablet</i> | Preferred | |
| <i>chlordiazepoxide hcl oral capsule</i> | Preferred | |
| <i>clobazam oral tablet</i> | Preferred | PL |
| <i>clonazepam oral tablet</i> | Preferred | |
| <i>clonazepam oral tablet,disintegrating</i> | Preferred | |
| <i>diazepam rectal kit</i> | Preferred | QL (1 EA per 30 days) |
| <i>lorazepam oral concentrate</i> | Preferred | |
| <i>lorazepam oral tablet</i> | Preferred | |
| ONFI ORAL TABLET (<i>clobazam</i>) | Preferred | PL |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | Preferred | QL (60 EA per 75 days) |
| Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | Preferred | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Preferred | |
| <i>carbamazepine oral tablet</i> | Preferred | |
| <i>carbamazepine oral tablet extended release 12 hr</i> | Preferred | |
| <i>carbamazepine oral tablet,chewable</i> | Preferred | |
| <i>divalproex oral capsule, delayed rel sprinkle</i> | Preferred | |
| <i>divalproex oral tablet extended release 24 hr</i> | Preferred | |
| <i>divalproex oral tablet,delayed release (dr/ec)</i> | Preferred | |
| <i>carbamazepine</i> (Epitol Oral Tablet) | Preferred | |

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|--|---------------|--------------------------------|
| <i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | Preferred | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Preferred | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i> | Preferred | |
| <i>valproic acid oral capsule</i> | Preferred | |
| Cannabis And Cannabinoid Receptor Agonists - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>dronabinol oral capsule</i> | Preferred | PA; QL (60 EA per 30 days) |
| Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder | | |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 7.5 Mg)</i> | Preferred | |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i> | Preferred | AL (Min 4 Years) |
| <i>dextroamphetamine-amphetamine oral tablet</i> | Preferred | AL (Min 4 Years) |
| Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder | | |
| <i>dextroamphetamine oral capsule, extended release</i> | Preferred | AL (Min 4 Years) |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i> | Preferred | AL (Min 4 Years) |
| Cns Stimulant - Analeptics, Methylxanthine-Type - Drugs For The Nervous System | | |
| <i>caffeine citrate oral solution</i> | Preferred | PA |
| Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>LYRICA ORAL CAPSULE (pregabalin)</i> | Non-Preferred | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | Preferred | QL (90 EA per 30 Days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | Preferred | QL (60 EA per 30 Days) |
| Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i> | Preferred | QL (60 EA per 30 days) |
| <i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i> | Preferred | QL (30 EA per 30 days) |
| <i>SAVELLA ORAL TABLET (milnacipran hcl)</i> | Preferred | PA |
| <i>SAVELLA ORAL TABLETS,DOSE PACK (milnacipran hcl)</i> | Preferred | PA; FL (1 fill per 180 days) |
| Hypnotics - Melatonin - Single Agents - Drugs For Insomnia | | |
| <i>melatonin oral tablet 3 mg</i> | Preferred | |
| <i>melatonin oral tablet 5 mg</i> | Preferred | |
| Migraine Therapy - Carboxylic Acid Derivatives - Drugs For Migraine Headaches | | |
| <i>divalproex oral tablet extended release 24 hr</i> | Preferred | |

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|---|-----------|--|
| Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches | | |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE (<i>fremanezumab-vfrm</i>) | Preferred | PA; SP; PL; QL (3 ML per 90 Days); AL (Min 18 Years) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR (<i>galcanezumab-gnlm</i>) | Preferred | PA; SP; PL; QL (1 ML per 30 Days); AL (Min 18 Years) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>) | Preferred | PA; SP; PL; QL (1 ML per 30 Days); AL (Min 18 Years) |
| Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab) - Drugs For Migraine Headaches | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooo</i>) | Preferred | PA; SP; PL; QL (1 ML per 30 days); AL (Min 18 Years) |
| Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches | | |
| ERGOMAR SUBLINGUAL TABLET (<i>ergotamine tartrate</i>) | Preferred | FL (1 fill per 30 days); QL (30 EA per 30 days) |
| Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches | | |
| <i>ergotamine-caffeine oral tablet</i> | Preferred | FL (1 fill per 30 days); QL (30 EA per 30 days) |
| MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine tartrate/caffeine</i>) | Preferred | FL (1 fill per 30 days); QL (12 EA per 30 days) |
| Migraine Therapy - Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches | | |
| <i>almotriptan malate oral tablet</i> | Preferred | QL (9 EA per 30 days) |
| <i>eletriptan oral tablet</i> | Preferred | QL (9 EA per 30 days) |
| <i>naratriptan oral tablet</i> | Preferred | QL (9 EA per 30 days) |
| <i>rizatriptan oral tablet</i> | Preferred | QL (9 EA per 30 days) |
| <i>rizatriptan oral tablet,disintegrating</i> | Preferred | QL (9 EA per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol</i> | Preferred | PA; QL (6 EA per 30 days) |
| <i>sumatriptan succinate oral tablet</i> | Preferred | QL (9 EA per 30 days) |
| <i>zolmitriptan oral tablet</i> | Preferred | QL (9 EA per 30 days) |
| <i>zolmitriptan oral tablet,disintegrating</i> | Preferred | QL (9 EA per 30 days) |
| Movement Disorder Drug Therapy - Drugs For The Nervous System | | |
| AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>) | Preferred | PA; SP; QL (60 EA per 30 days); AL (Min 18 Years) |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>) | Preferred | PA; SP; QL (30 EA per 30 days); AL (Min 18 Years) |
| Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System | | |
| AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>) | Preferred | PA; SP; QL (60 EA per 30 days); AL (Min 18 Years) |

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|---|---------------|---|
| Movement Disorder Therapy - Tardive Dyskinesia - Drugs For The Nervous System | | |
| AUSTEDO ORAL TABLET (deutetetrabenazine) | Preferred | PA; SP; QL (60 EA per 30 days); AL (Min 18 Years) |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate) | Preferred | PA; SP; QL (30 EA per 30 days); AL (Min 18 Years) |
| Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder | | |
| XYREM ORAL SOLUTION (sodium oxybate) | Preferred | PA; PL; QL (540 ML per 30 days) |
| Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder | | |
| SUNOSI ORAL TABLET 150 MG (solriamfetol hcl) | Preferred | PA; PL; QL (30 EA per 30 days) |
| Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder | | |
| modafinil oral tablet | Preferred | PA |
| PROVIGIL ORAL TABLET (modafinil) | Non-Preferred | |
| Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs For Sleep Disorder | | |
| methylphenidate hcl oral solution | Preferred | AL (Min 4 Years) |
| methylphenidate hcl oral tablet | Preferred | AL (Min 4 Years) |
| methylphenidate hcl oral tablet, chewable | Preferred | PA; AL (Min 4 Years) |
| Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Aphetamines - Drugs For Sleep Disorder | | |
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 7.5 Mg) | Preferred | |
| dextroamphetamine oral capsule, extended release | Preferred | AL (Min 4 Years) |
| dextroamphetamine oral tablet 10 mg, 5 mg | Preferred | AL (Min 4 Years) |
| dextroamphetamine-amphetamine oral tablet | Preferred | AL (Min 4 Years) |
| Sedative-Hypnotic - Antihistamines - Drugs For Insomnia | | |
| diphenhydramine hcl oral capsule | Preferred | |
| diphenhydramine hcl oral tablet | Preferred | |
| NIGHTIME SLEEP ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (diphenhydramine hcl) | Preferred | |
| SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (diphenhydramine hcl) | Preferred | |
| SLEEP AID MAX STR (DIPHENHYDR) ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| SLEEPING ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE (diphenhydramine hcl) | Preferred | |

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|--|-----------|--------------------------------|
| Sedative-Hypnotic - Barbiturates - Drugs For Insomnia | | |
| <i>phenobarbital oral elixir</i> | Preferred | |
| <i>phenobarbital oral tablet</i> | Preferred | |
| Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia | | |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | Preferred | QL (60 EA per 75 days) |
| Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia | | |
| <i>eszopiclone oral tablet</i> | Preferred | QL (60 EA per 75 days) |
| <i>zaleplon oral capsule</i> | Preferred | QL (60 EA per 75 days) |
| <i>zolpidem oral tablet</i> | Preferred | QL (60 EA per 75 days) |
| Chemical Dependency, Agents To Treat - Drugs For Addiction | | |
| Alcohol Deterrents - Drugs For Alcohol Addiction | | |
| <i>disulfiram oral tablet</i> | Preferred | |
| Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> | Preferred | |
| Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction | | |
| <i>nicotine (polacrilex) buccal gum</i> | Preferred | FL (6 fills per 365 days) |
| <i>nicotine (polacrilex) buccal lozenge</i> | Preferred | FL (6 fills per 365 days) |
| <i>nicotine (polacrilex) buccal mini lozenge</i> | Preferred | FL (6 fills per 365 days) |
| <i>nicotine transdermal patch 24 hour</i> | Preferred | FL (6 fills per 365 days) |
| <i>nicotine transdermal patch, td daily, sequential</i> | Preferred | FL (6 fills per 365 days) |
| <i>NICOTROL INHALATION CARTRIDGE (nicotine)</i> | Preferred | |
| <i>NICOTROL NS NASAL SPRAY, NON-AEROSOL (nicotine)</i> | Preferred | |
| <i>QUIT 2 BUCCAL GUM (nicotine polacrilex)</i> | Preferred | |
| <i>QUIT 4 BUCCAL GUM (nicotine polacrilex)</i> | Preferred | |
| <i>STOP SMOKING AID BUCCAL LOZENGE (nicotine polacrilex)</i> | Preferred | |
| Chemicals-Pharmaceutical Adjuvants | | |
| Pharmaceutical Adjuvant - Inhalation Vehicles | | |
| <i>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)</i> | Preferred | |
| <i>sodium chloride inhalation solution for nebulization</i> | Preferred | |
| Pharmaceutical Adjuvant - Parenteral Vehicles | | |
| <i>DILUENT FOR IXEMPRA (15 MG) INTRAVENOUS SOLUTION (diluent for ixabepilone (castor oil/alcohol))</i> | Preferred | PA; SP |
| <i>DILUENT FOR IXEMPRA (45 MG) INTRAVENOUS SOLUTION (diluent for ixabepilone (castor oil/alcohol))</i> | Preferred | PA; SP |

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|---|---------------|--------------------------------|
| Cognitive Disorder Therapy - Drugs For The Nervous System | | |
| Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | Preferred | |
| <i>rivastigmine tartrate oral capsule</i> | Preferred | PA |
| Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease | | |
| <i>memantine oral tablet</i> | Preferred | PA |
| NAMENDA ORAL TABLET (<i>memantine hcl</i>) | Non-Preferred | |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK (<i>memantine hcl</i>) | Preferred | PA |
| Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs For Alzheimer's Disease | | |
| <i>ergoloid oral tablet</i> | Preferred | |
| Contraceptives - Drugs For Women | | |
| Contraceptive Injectable - Progestin - Birth Control Pills | | |
| <i>medroxyprogesterone intramuscular suspension</i> | Preferred | |
| <i>medroxyprogesterone intramuscular syringe</i> | Preferred | |
| Contraceptive Oral - Biphasic - Birth Control Pills | | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Azurette (28) Oral Tablet) | Preferred | |
| <i>desog-e.estradiol/e.estradiol oral tablet</i> | Preferred | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Kariva (28) Oral Tablet) | Preferred | |
| <i>LO LOESTRIN FE ORAL TABLET (norethindrone acetate-ethynodiol estradiol/ferrous fumarate)</i> | Preferred | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Mircette (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Pimtrea (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Simliya (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Viorele (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethynodiol/ethynodiol estradiol</i> (Volnea (28) Oral Tablet) | Preferred | |
| Contraceptive Oral - Monophasic - Birth Control Pills | | |
| <i>levonorgestrel/ethynodiol estradiol</i> (Altavera (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethynodiol estradiol</i> (Alyacen 1/35 (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethynodiol estradiol</i> (Apri Oral Tablet) | Preferred | |
| <i>levonorgestrel/ethynodiol estradiol</i> (Aubra Oral Tablet) | Preferred | |

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| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Aurovela Fe 1-20 (28) Oral Tablet) | Preferred | |
| <i>levonorgestrel/ethinyl estradiol</i> (Aviane Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Balziva (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Blisovi Fe 1.5/30 (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Blisovi Fe 1/20 (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Briellyn Oral Tablet) | Preferred | |
| <i>levonorgestrel/ethinyl estradiol</i> (Chateal (28) Oral Tablet) | Preferred | |
| <i>norgestrel-ethinyl estradiol</i> (Cryselle (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Cyclafem 1/35 (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Dasetta 1/35 (28) Oral Tablet) | Preferred | |
| <i>drospirenone-ethinyl estradiol oral tablet</i> | Preferred | |
| <i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Estarylla Oral Tablet) | Preferred | |
| <i>levonorgestrel/ethinyl estradiol</i> (Falmina (28) Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Femynor Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Jasmiel (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Junel 1.5/30 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Junel 1/20 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 1.5/30 (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 1/20 (28) Oral Tablet) | Preferred | |
| <i>ethynodiol diacetate-ethinyl estradiol</i> (Kelnor 1/35 (28) Oral Tablet) | Preferred | |
| <i>levonorgestrel/ethinyl estradiol</i> (Kurvelo (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Larin 1.5/30 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Larin 1/20 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Larin Fe 1.5/30 (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Larin Fe 1/20 (28) Oral Tablet) | Preferred | |
| <i>levonorgestrel/ethinyl estradiol</i> (Larissa Oral Tablet) | Preferred | QL (728 EA per 365 days) |
| <i>levonorgestrel/ethinyl estradiol</i> (Lessina Oral Tablet) | Preferred | |

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|---|---------------|--------------------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | Preferred | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i> | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Levora-28 Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Lillow (28) Oral Tablet) | Preferred | QL (364 EA per 365 days) |
| <i>norethindrone acetate-ethinyl estradiol</i> (Loestrin 1.5/30 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Loestrin 1/20 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Loestrin Fe 1.5/30 (28-Day) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Loestrin Fe 1/20 (28-Day) Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Loryna (28) Oral Tablet) | Preferred | |
| <i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel (28) Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Lo-Zumandimine (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Lutera (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Marlissa (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Microgestin 1.5/30 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Microgestin 1/20 (21) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Microgestin Fe 1.5/30 (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Microgestin Fe 1/20 (28) Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Mono-Linyah Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Necon 0.5/35 (28) Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Nikki (28) Oral Tablet) | Preferred | |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> | Preferred | |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Preferred | |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable</i> | Non-Preferred | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet) | Preferred | |
| <i>NORTREL 1/35 (21) ORAL TABLET (norethindrone-ethinyl estradiol)</i> | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Nortrel 1/35 (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Orsythia Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Philith Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Pirmella Oral Tablet 1-35 Mg-Mcg) | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Portia 28 Oral Tablet) | Preferred | |

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|--|---------------|--------------------------------|
| <i>norgestimate-ethinyl estradiol</i> (Previfem Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Reclipsen (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyI estradiol</i> (Setlakin Oral Tablets,Dose Pack,3 Month) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Sprintec (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyI estradiol</i> (Sronyx Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Syeda Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina Fe 1/20 (28) Oral Tablet) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina Fe 1-20 Eq (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyI estradiol</i> (Vienva Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Vyfemla (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Wera (28) Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Zarah Oral Tablet) | Preferred | |
| <i>ethynodiol diacetate-ethinyl estradiol</i> (Zovia 1/35E (28) Oral Tablet) | Preferred | |
| <i>ethinyl estradiol/drospirenone</i> (Zumandimine (28) Oral Tablet) | Preferred | |
| Contraceptive Oral - Progestin - Birth Control Pills | | |
| <i>norethindrone</i> (Camila Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Deblitane Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Errin Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Heather Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Incassia Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Jencycla Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Lyza Oral Tablet) | Preferred | |
| NORA-BE ORAL TABLET (<i>norethindrone</i>) | Non-Preferred | |
| <i>norethindrone (contraceptive) oral tablet</i> | Preferred | |
| <i>norethindrone</i> (Norlyda Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Sharobel Oral Tablet) | Preferred | |
| <i>norethindrone</i> (Tulana Oral Tablet) | Preferred | |
| Contraceptive Oral - Triphasic - Birth Control Pills | | |
| <i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Aranelle (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Cyclafem 7/7/7 (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Dasetta 7/7/7 (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyI estradiol</i> (Enpresse Oral Tablet) | Preferred | |
| LEENA 28 ORAL TABLET (<i>norethindrone-ethinyl estradiol</i>) | Preferred | |
| <i>levonorgestrellethinyI estradiol</i> (Levonest (28) Oral Tablet) | Preferred | |

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|---|---------------|--------------------------------|
| <i>levonorg-eth estrad triphasic oral tablet</i> | Preferred | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i> | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Noret 7/7/7 (28) Oral Tablet) | Preferred | |
| <i>norethindrone-ethinyl estradiol</i> (Pirmella Oral Tablet 0.5/0.75/1 Mg-35 Mcg) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Estarylla Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Linyah Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Estarylla Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Marzia Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Sprintec Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Previfem (28) Oral Tablet) | Preferred | |
| <i>norgestimate-ethinyl estradiol</i> (Tri-Sprintec (28) Oral Tablet) | Preferred | |
| <i>levonorgestrellethinyl estradiol</i> (Trivora (28) Oral Tablet) | Preferred | |
| <i>desogestrel-ethinyl estradiol</i> (Velvet Triphasic Regimen (28) Oral Tablet) | Preferred | |
| Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills | | |
| XULANE TRANSDERMAL PATCH WEEKLY (<i>norelgestromin/ethinyl estradiol</i>) | Preferred | |
| Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills | | |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> | Preferred | |
| <i>NUVARING VAGINAL RING (etonogestrel/ethinyl estradiol)</i> | Non-Preferred | |
| Emergency Contraceptives - Birth Control Pills | | |
| <i>ECONTRA EZ ORAL TABLET (levonorgestrel)</i> | Preferred | |
| <i>ELLA ORAL TABLET (ulipristal acetate)</i> | Preferred | QL (1 EA per 30 days) |
| <i>levonorgestrel oral tablet</i> | Preferred | QL (2 EA per 30 days) |
| <i>MY WAY ORAL TABLET (levonorgestrel)</i> | Preferred | |
| <i>OPCICON ONE-STEP ORAL TABLET (levonorgestrel)</i> | Preferred | |
| Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills | | |
| <i>ELLA ORAL TABLET (ulipristal acetate)</i> | Preferred | QL (1 EA per 30 days) |
| Emergency Contraceptives - Progestin Type - Birth Control Pills | | |
| <i>ECONTRA EZ ORAL TABLET (levonorgestrel)</i> | Preferred | |
| <i>levonorgestrel oral tablet</i> | Preferred | QL (2 EA per 30 days) |
| <i>MY WAY ORAL TABLET (levonorgestrel)</i> | Preferred | |
| <i>OPCICON ONE-STEP ORAL TABLET (levonorgestrel)</i> | Preferred | |
| Spermicides - Birth Control Pills | | |
| <i>GYNOL II VAGINAL GEL (nonoxynol 9)</i> | Preferred | |

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|--|---------------|---|
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM (<i>nonoxynol 9</i>) | Preferred | |
| VCF CONTRACEPTIVE FILM VAGINAL FILM (<i>nonoxynol 9</i>) | Preferred | |
| Dermatological - Drugs For The Skin | | |
| Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin | | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>) | Non-Preferred | |
| <i>isotretinoin</i> (Amnesteem Oral Capsule) | Preferred | FL (6 fills per 240 days); QL (60 EA per 30 days) |
| <i>isotretinoin</i> (Claravis Oral Capsule) | Preferred | FL (6 fills per 240 days); QL (60 EA per 30 days) |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Preferred | FL (6 fills per 240 days); QL (60 EA per 30 Days) |
| <i>isotretinoin</i> (Myorisan Oral Capsule) | Preferred | FL (6 fills per 240 days); QL (60 EA per 30 days) |
| <i>isotretinoin</i> (Zenatane Oral Capsule) | Preferred | FL (6 fills per 240 days); QL (60 EA per 30 days) |
| Acne Therapy Topical - Anti-Infective - Drugs For The Skin | | |
| ACZONE TOPICAL GEL (<i>dapsone</i>) | Preferred | PA; QL (60 GM per 45 days) |
| ACZONE TOPICAL GEL WITH PUMP (<i>dapsone</i>) | Preferred | PA; QL (60 GM per 45 days) |
| <i>clindamycin phosphate topical gel</i> | Preferred | |
| <i>clindamycin phosphate topical lotion</i> | Preferred | |
| <i>clindamycin phosphate topical solution</i> | Preferred | |
| <i>clindamycin phosphate topical swab</i> | Preferred | |
| ERY PADS TOPICAL SWAB (<i>erythromycin base in ethanol</i>) | Preferred | |
| <i>erythromycin with ethanol topical gel</i> | Preferred | |
| <i>erythromycin with ethanol topical solution</i> | Preferred | |
| Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin | | |
| <i>sulfacetamide sodium-sulfur topical cleanser</i> | Preferred | QL (1 ML per 30 days) |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i> | Preferred | QL (1 GM per 30 days) |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i> | Preferred | QL (1 GM per 30 days) |
| Acne Therapy Topical - Keratolytic - Drugs For The Skin | | |
| ACNE MEDICATION TOPICAL GEL 10 %, 5 % (<i>benzoyl peroxide</i>) | Preferred | |
| ACNE MEDICATION TOPICAL LOTION (<i>benzoyl peroxide</i>) | Preferred | |
| ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL (<i>benzoyl peroxide</i>) | Preferred | |
| ACNE VANISHING TOPICAL CREAM (<i>benzoyl peroxide</i>) | Preferred | |
| ACNE-CLEAR TOPICAL GEL (<i>benzoyl peroxide</i>) | Preferred | |
| <i>benzoyl peroxide topical cleanser 10 %, 5 %</i> | Preferred | |

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|---|---------------|--------------------------------|
| <i>benzoyl peroxide topical cleanser 6 %, 7 %</i> | Non-Preferred | |
| <i>benzoyl peroxide topical gel 10 %, 5 %</i> | Preferred | |
| <i>benzoyl peroxide topical gel 2.5 %</i> | Non-Preferred | |
| BP TOPICAL GEL (<i>benzoyl peroxide</i>) | Preferred | |
| BP WASH TOPICAL CLEANSER 10 %, 5 % (<i>benzoyl peroxide</i>) | Preferred | |
| BP WASH TOPICAL CLEANSER 2.5 %, 7 % (<i>benzoyl peroxide</i>) | Non-Preferred | |
| BPO 4% GEL (OTC) (<i>benzoyl peroxide</i>) | Preferred | FL (O) |
| BPO 4% GEL (RX) (<i>benzoyl peroxide</i>) | Preferred | FL (F) |
| BPO 8% GEL (OTC) (<i>benzoyl peroxide</i>) | Preferred | FL (O) |
| BPO 8% GEL (RX) (<i>benzoyl peroxide</i>) | Preferred | FL (F) |
| BPO TOPICAL GEL 4 %, 8 % (<i>benzoyl peroxide</i>) | Non-Preferred | PA |
| CREAMY ACNE FACE TOPICAL CLEANSER (<i>benzoyl peroxide</i>) | Non-Preferred | |
| OC8 TOPICAL GEL (<i>benzoyl peroxide</i>) | Non-Preferred | |
| TARGETED ACNE SPOT TREATMENT TOPICAL CREAM (<i>benzoyl peroxide</i>) | Non-Preferred | |
| Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin | | |
| <i>adapalene topical cream</i> | Preferred | |
| <i>adapalene topical gel 0.1 %</i> | Non-Preferred | |
| <i>adapalene topical gel 0.3 %</i> | Preferred | |
| <i>adapalene topical gel with pump</i> | Preferred | AL (Max 34 Years) |
| DIFFERIN 0.1% GEL (OTC) (<i>adapalene</i>) | Preferred | FL (O) |
| DIFFERIN 0.1% GEL (RX) (<i>adapalene</i>) | Preferred | FL (F) |
| DIFFERIN TOPICAL GEL 0.1 % (<i>adapalene</i>) | Non-Preferred | PA |
| DIFFERIN TOPICAL LOTION (<i>adapalene</i>) | Non-Preferred | |
| <i>tretinoin topical cream</i> | Preferred | AL (Max 35 Years) |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> | Preferred | AL (Max 35 Years) |
| Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs For The Skin | | |
| <i>calcipotriene-betamethasone topical ointment</i> | Non-Preferred | |
| TACLONEX TOPICAL SUSPENSION (<i>calcipotriene/betamethasone dipropionate</i>) | Non-Preferred | |
| Antipsoriatic Agents - Interleukin 12 And IL-23 Inhibitors, Mc Antibody - Drugs For The Skin | | |
| STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>) | Preferred | PA; SP; PL |
| STELARA SUBCUTANEOUS SYRINGE (<i>ustekinumab</i>) | Preferred | PA; SP; PL |
| Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, Mc Antibody - Drugs For The Skin | | |
| ILUMYA SUBCUTANEOUS SYRINGE (<i>tildrakizumab-asmn</i>) | Preferred | PA; SP; PL |
| TREMFYA SUBCUTANEOUS AUTO-Injector (<i>guselkumab</i>) | Preferred | PA; SP; PL |

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|---|-----------|--------------------------------|
| TREMFYA SUBCUTANEOUS SYRINGE (<i>guselkumab</i>) | Preferred | PA; SP; PL |
| Antipsoriatic Agents-Interleukin-17 (II-17) Antagonist, Mc Antibody - Drugs For The Skin | | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE (<i>secukinumab</i>) | Preferred | PA; SP; PL |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR (<i>secukinumab</i>) | Preferred | PA; SP; PL |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR (<i>secukinumab</i>) | Preferred | PA; SP; PL |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>) | Preferred | PA; SP; PL |
| SILIQ SUBCUTANEOUS SYRINGE (<i>brodalumab</i>) | Preferred | PA; SP |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR (<i>ixekizumab</i>) | Preferred | PA; SP; PL |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR (<i>ixekizumab</i>) | Preferred | PA; SP; PL |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR (<i>ixekizumab</i>) | Preferred | PA; SP; PL |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE (<i>ixekizumab</i>) | Preferred | PA; SP; PL |
| Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (II-4Ra) Antag.Mab - Drugs For The Skin | | |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>) | Preferred | PA; SP; PL; AL (Min 6 Years) |
| Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin | | |
| EUCRISA TOPICAL OINTMENT (<i>crisaborole</i>) | Preferred | ST; QL (60 GM per 30 days) |
| Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin | | |
| <i>gentamicin topical cream</i> | Preferred | |
| <i>gentamicin topical ointment</i> | Preferred | |
| Dermatological - Antibacterial Mixtures - Drugs For The Skin | | |
| ANTIBIOTIC (NEOMY-BACIT-POLYM) TOPICAL OINTMENT (<i>neomycin sulfate/bacitracin zinc/polymyxin b</i>) | Preferred | |
| POLYSPORIN TOPICAL PACKET (<i>bacitracin/polymyxin b sulfate</i>) | Preferred | |
| TRIPLE ANTIBIOTIC TOPICAL OINTMENT (<i>neomycin sulfate/bacitracin zinc/polymyxin b</i>) | Preferred | |
| TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET (<i>neomycin sulfate/bacitracin zinc/polymyxin b</i>) | Preferred | |
| Dermatological - Antibacterial Other - Drugs For The Skin | | |
| <i>mupirocin topical ointment</i> | Preferred | |
| Dermatological - Antibacterial Polymyxins And Derivatives - Drugs For The Skin | | |
| ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT (<i>bacitracin zinc</i>) | Preferred | |
| <i>bacitracin topical ointment</i> | Preferred | |

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| <i>bacitracin topical packet</i> | Preferred | |
| <i>bacitracin zinc topical ointment</i> | Preferred | |
| <i>bacitracin zinc topical ointment in packet</i> | Preferred | |
| Dermatological - Antibacterial-Local Anesthetic Combinations - Drugs For The Skin | | |
| ANTIBIOTIC PLUS (PRAMOXINE) TOPICAL CREAM (<i>neomycin sulfate/polymyxin b sulfate/pramoxine</i>) | Preferred | |
| TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT (<i>neomycin sulfate/bacitracin zinc/polymyxin b sulfate/pramoxine hcl</i>) | Preferred | |
| Dermatological - Antifungal Allylamines - Drugs For The Skin | | |
| ANTIFUNGAL (TERBINAFINE) TOPICAL CREAM (<i>terbinafine hcl</i>) | Preferred | |
| ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM (<i>terbinafine hcl</i>) | Preferred | |
| JOCK ITCH (TERBINAFINE) TOPICAL CREAM (<i>terbinafine hcl</i>) | Preferred | |
| <i>terbinafine hcl topical cream</i> | Preferred | |
| Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin | | |
| <i>nystatin</i> (Nyamyc Topical Powder) | Preferred | |
| <i>nystatin topical cream</i> | Preferred | |
| <i>nystatin topical ointment</i> | Preferred | |
| <i>nystatin topical powder</i> | Preferred | |
| <i>nystatin</i> (Nystop Topical Powder) | Preferred | |
| Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin | | |
| <i>ciclopirox topical cream</i> | Preferred | PA |
| <i>ciclopirox topical gel</i> | Preferred | PA |
| <i>ciclopirox topical solution</i> | Preferred | |
| <i>ciclopirox topical suspension</i> | Preferred | PA |
| Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin | | |
| ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM (<i>clotrimazole</i>) | Preferred | |
| ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM (<i>miconazole nitrate</i>) | Preferred | |
| ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM (<i>clotrimazole</i>) | Preferred | |
| ATHLETE'S FOOT TOPICAL AEROSOL POWDER (<i>miconazole nitrate</i>) | Preferred | |
| ATHLETIC FOOT CREAM TOPICAL CREAM (<i>clotrimazole</i>) | Preferred | |
| AZOLEN TINCTURE TOPICAL TINCTURE (<i>miconazole nitrate</i>) | Preferred | |
| BAZA ANTIFUNGAL TOPICAL CREAM (<i>miconazole nitrate</i>) | Preferred | |
| <i>clotrimazole 1% solution (otc)</i> | Preferred | FL (O) |

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|---|-----------|--------------------------------|
| <i>clotrimazole 1% solution (rx)</i> | Preferred | FL (F) |
| <i>clotrimazole 1% top cream grx (otc)</i> | Preferred | FL (O) |
| <i>clotrimazole 1% topical cream (otc)</i> | Preferred | FL (O) |
| <i>clotrimazole 1% topical cream (rx)</i> | Preferred | FL (F) |
| <i>clotrimazole 1% topical cream 2 x 45gm tubes (rx)</i> | Preferred | FL (F) |
| <i>clotrimazole 1% topical cream foot care (otc)</i> | Preferred | FL (O) |
| <i>clotrimazole 1% topical cream usp (otc)</i> | Preferred | FL (O) |
| CLOTRIMAZOLE AF TOPICAL CREAM (<i>clotrimazole</i>) | Preferred | |
| <i>clotrimazole topical cream 1 %</i> | Preferred | |
| <i>clotrimazole topical solution 1 %</i> | Preferred | |
| CRITIC-AID CLEAR AF(MICONAZOL) TOPICAL OINTMENT (<i>miconazole nitrate</i>) | Preferred | |
| <i>cvs clotrimazole 1% solution (otc)</i> | Preferred | FL (O) |
| <i>cvs clotrimazole 1% top cream (otc)</i> | Preferred | FL (O) |
| <i>econazole topical cream</i> | Preferred | |
| FUNGOID TINCTURE TOPICAL TINCTURE (<i>miconazole nitrate</i>) | Preferred | |
| INZO ANTIFUNGAL TOPICAL CREAM (<i>miconazole nitrate</i>) | Preferred | |
| JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM (<i>clotrimazole</i>) | Preferred | |
| <i>ketoconazole topical cream</i> | Preferred | |
| <i>ketoconazole topical shampoo</i> | Preferred | |
| LOTRIMIN AF TOPICAL AEROSOL,SPRAY (<i>miconazole nitrate</i>) | Preferred | |
| <i>miconazole nitrate topical aerosol powder</i> | Preferred | |
| <i>miconazole nitrate topical cream</i> | Preferred | |
| NIZORAL A-D TOPICAL SHAMPOO (<i>ketoconazole</i>) | Preferred | |
| <i>oxiconazole topical cream</i> | Preferred | |
| <i>qc clotrimazole 1% top cream (otc)</i> | Preferred | FL (O) |
| <i>sm clotrimazole 1% top cream (otc)</i> | Preferred | FL (O) |
| Dermatological - Antifungal Thiocarbamate - Drugs For The Skin | | |
| ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM (<i>tolnaftate</i>) | Preferred | |
| ANTIFUNGAL (TOLNAFTATE) TOPICAL POWDER (<i>tolnaftate</i>) | Preferred | |
| ANTIFUNGAL SPRAY TOPICAL AEROSOL POWDER (<i>tolnaftate</i>) | Preferred | |
| ATHLETE'S FOOT (TOLNAFTATE) TOPICAL AEROSOL POWDER (<i>tolnaftate</i>) | Preferred | |
| ATHLETE'S FOOT (TOLNAFTATE) TOPICAL CREAM (<i>tolnaftate</i>) | Preferred | |
| FOOT AND SNEAKER TOPICAL AEROSOL POWDER (<i>tolnaftate</i>) | Preferred | |
| JOCK ITCH TOPICAL AEROSOL POWDER (<i>tolnaftate</i>) | Preferred | |
| ODOR CONTROL FOOT-SNEAKER TOPICAL AEROSOL POWDER (<i>tolnaftate</i>) | Preferred | |
| <i>tolnaftate topical aerosol powder</i> | Preferred | |

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|---|-----------|--|
| <i>tolnaftate topical cream</i> | Preferred | |
| <i>tolnaftate topical powder</i> | Preferred | |
| Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin | | |
| <i>clotrimazole-betamethasone topical cream</i> | Preferred | QL (45 GM per 30 days) |
| <i>nystatin-triamcinolone topical cream</i> | Preferred | |
| <i>nystatin-triamcinolone topical ointment</i> | Preferred | |
| Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin | | |
| CARAC TOPICAL CREAM (<i>fluorouracil</i>) | Preferred | |
| FLUOROPLEX TOPICAL CREAM (<i>fluorouracil</i>) | Preferred | |
| <i>fluorouracil topical cream</i> | Preferred | |
| <i>fluorouracil topical solution</i> | Preferred | |
| Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin | | |
| TARGRETIN TOPICAL GEL (<i>bexarotene</i>) | Preferred | PA |
| Dermatological - Antiperspirants - Drugs For The Skin | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION (<i>aluminum chloride</i>) | Preferred | FL (1 fill per 30 days); QL (1 ML per 30 days) |
| DRYSOL TOPICAL SOLUTION (<i>aluminum chloride</i>) | Preferred | FL (1 fill per 30 days); QL (1 ML per 30 days) |
| Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin | | |
| <i>acitretin oral capsule 10 mg, 25 mg</i> | Preferred | PA; SP; PL |
| Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin | | |
| <i>calcipotriene scalp solution</i> | Preferred | ST; PL |
| <i>calcipotriene topical cream</i> | Preferred | ST; PL |
| <i>calcipotriene topical ointment</i> | Preferred | ST; PL |
| DRITHOCREME HP TOPICAL CREAM (<i>anthralin</i>) | Preferred | |
| TAZORAC TOPICAL CREAM (<i>tazarotene</i>) | Preferred | PA; PL; QL (30 GM per 30 days) |
| TAZORAC TOPICAL GEL (<i>tazarotene</i>) | Preferred | PA; PL; QL (30 GM per 30 days) |
| Dermatological - Antipsoriasis Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin | | |
| OTEZLA ORAL TABLET (<i>apremilast</i>) | Preferred | PA; SP; PL |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK (<i>apremilast</i>) | Preferred | PA; SP; PL |
| Dermatological - Antiseborrheic - Drugs For The Skin | | |
| ANTI-DANDRUFF TOPICAL SHAMPOO (<i>selenium sulfide</i>) | Preferred | |
| <i>selenium sulfide topical lotion</i> | Preferred | |
| <i>selenium sulfide topical shampoo 2.25 %</i> | Preferred | |
| SELSUN BLUE TOPICAL SHAMPOO (<i>selenium sulfide</i>) | Preferred | |

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|--|---------------|--------------------------------|
| Dermatological - Antiseborrheic Combinations - Drugs For The Skin | | |
| DANDRUFF SHAMPOO (SELEN-ALOE) TOPICAL SHAMPOO <i>(selenium sulfide/aloe vera)</i> | Preferred | |
| Dermatological - Burn Products Anti-Infective - Drugs For The Skin | | |
| silver sulfadiazine topical cream | Preferred | |
| SSD TOPICAL CREAM (<i>silver sulfadiazine</i>) | Preferred | |
| Dermatological - Calcineurin Inhibitors - Drugs For The Skin | | |
| ELIDEL TOPICAL CREAM (<i>pimecrolimus</i>) | Non-Preferred | |
| <i>pimecrolimus topical cream</i> | Preferred | ST; QL (30 GM per 30 days) |
| PROTOPIC TOPICAL OINTMENT (<i>tacrolimus</i>) | Non-Preferred | |
| <i>tacrolimus topical ointment 0.03 %</i> | Preferred | ST; QL (30 GM per 30 days) |
| <i>tacrolimus topical ointment 0.1 %</i> | Preferred | |
| Dermatological - Emollients - Drugs For The Skin | | |
| ammonium lactate 12% cream (otc) | Preferred | FL (O) |
| ammonium lactate 12% cream (rx) | Preferred | FL (F) |
| ammonium lactate 12% cream 2x140gm (rx) | Preferred | FL (F) |
| ammonium lactate 12% cream fragrance free (otc) | Preferred | FL (O) |
| ammonium lactate 12% cream outer, 2x140gm (rx) | Preferred | FL (F) |
| ammonium lactate 12% cream w/pump (rx) | Preferred | FL (F) |
| ammonium lactate 12% lotion (otc) | Preferred | FL (O) |
| ammonium lactate 12% lotion (rx) | Preferred | FL (F) |
| ammonium lactate 12% lotion fragrance free (otc) | Preferred | FL (O) |
| ammonium lactate topical cream 12 % | Preferred | |
| ammonium lactate topical lotion 12 % | Preferred | |
| glycerin topical liquid | Preferred | |
| glycerin topical solution | Preferred | |
| NEUTROGENA HAND TOPICAL CREAM (<i>glycerin</i>) | Preferred | |
| SKIN TREATMENT TOPICAL LOTION (<i>ammonium lactate</i>) | Preferred | |
| WIBI TOPICAL LOTION (<i>glycerin</i>) | Preferred | |
| Dermatological - Enzymes - Drugs For The Skin | | |
| SANTYL TOPICAL OINTMENT (<i>collagenase clostridium histolyticum</i>) | Preferred | QL (90 GM per 30 days) |
| Dermatological - Glucocorticoid - Drugs For The Skin | | |
| hydrocortisone (Ala-Cort 1% Cream) | Preferred | |
| ANTI-ITCH (HC) TOPICAL CREAM (<i>hydrocortisone</i>) | Preferred | |
| ANTI-ITCH (HC) TOPICAL OINTMENT (<i>hydrocortisone</i>) | Preferred | |
| <i>betamethasone dipropionate topical lotion</i> | Preferred | ST; QL (60 ML per 90 days) |
| <i>betamethasone valerate topical cream</i> | Preferred | ST |

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|---|---------------|--------------------------------|
| <i>betamethasone valerate topical lotion</i> | Preferred | ST |
| <i>betamethasone valerate topical ointment</i> | Preferred | ST |
| <i>clobetasol scalp solution</i> | Preferred | QL (60 ML per 90 days) |
| <i>clobetasol topical cream</i> | Preferred | QL (60 ML per 90 days) |
| <i>clobetasol topical gel</i> | Preferred | ST; QL (60 GM per 90 days) |
| <i>clobetasol topical ointment</i> | Preferred | QL (60 ML per 90 days) |
| <i>clobetasol topical shampoo</i> | Preferred | ST; QL (118 ML per 90 days) |
| CORTAID 1% CREAM (<i>hydrocortisone</i>) | Preferred | |
| CORTAID 1% CREAM 12 HR, ANTI-ITCH (<i>hydrocortisone</i>) | Preferred | |
| CORTAID 1% CREAM ANTI-ITCH (<i>hydrocortisone</i>) | Preferred | |
| CORTAID 1% CREAM MAXIMUM STRENGTH (<i>hydrocortisone</i>) | Preferred | |
| CORTAID TOPICAL CREAM 1 % (<i>hydrocortisone</i>) | Preferred | |
| CORTISONE (HYDROCORTISONE) TOPICAL CREAM (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 1% CREME (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 1% CREME MAXIMUM STRENGTH (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 1% CREME W/ALOE, MAX-STRENGTH (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 PLUS 1% CREME (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 PLUS CREME (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 TOPICAL CREAM 1 % (<i>hydrocortisone</i>) | Preferred | |
| CORTIZONE-10 TOPICAL OINTMENT (<i>hydrocortisone</i>) | Preferred | |
| DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION (<i>hydrocortisone</i>) | Preferred | |
| <i>desonide topical cream</i> | Preferred | ST |
| <i>desonide topical lotion</i> | Preferred | ST |
| <i>desonide topical ointment</i> | Preferred | ST |
| <i>fluocinolone and shower cap scalp oil</i> | Preferred | |
| <i>fluocinolone topical cream</i> | Preferred | ST |
| <i>fluocinolone topical oil</i> | Preferred | |
| <i>fluocinolone topical ointment</i> | Preferred | ST |
| <i>fluocinolone topical solution</i> | Preferred | |
| <i>fluocinonide topical cream 0.05 %</i> | Preferred | ST |
| <i>fluocinonide topical cream 0.1 %</i> | Non-Preferred | |
| <i>fluocinonide topical gel</i> | Preferred | ST |
| <i>fluocinonide topical ointment</i> | Preferred | ST |
| <i>fluocinonide topical solution</i> | Preferred | |
| <i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream) | Preferred | |
| <i>fluocinonide-emollient topical cream</i> | Preferred | ST |

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|--|-----------|--------------------------------|
| <i>halobetasol propionate topical cream</i> | Preferred | ST; QL (60 GM per 90 days) |
| <i>halobetasol propionate topical ointment</i> | Preferred | ST; QL (60 GM per 90 days) |
| <i>hydrocortisone acetate topical cream</i> | Preferred | |
| <i>hydrocortisone acetate topical ointment</i> | Preferred | |
| HYDROCORTISONE PLUS TOPICAL CREAM (<i>hydrocortisone/aloe vera</i>) | Preferred | |
| <i>hydrocortisone topical cream</i> | Preferred | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | Preferred | ST |
| <i>hydrocortisone topical lotion</i> | Preferred | |
| <i>hydrocortisone topical ointment</i> | Preferred | |
| HYDROCREAM TOPICAL CREAM (<i>hydrocortisone</i>) | Preferred | |
| <i>mometasone topical cream</i> | Preferred | ST |
| <i>mometasone topical ointment</i> | Preferred | |
| NOBLE FORMULA HC 1% CREAM (<i>hydrocortisone</i>) | Preferred | |
| PREPARATION H HC 1% CREAM (<i>hydrocortisone</i>) | Preferred | |
| <i>hydrocortisone</i> (Proctocort 1% Cream) | Preferred | |
| <i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator) | Preferred | |
| <i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator) | Preferred | |
| SOOTHING CARE (HYDROCORTISONE) TOPICAL CREAM (<i>hydrocortisone</i>) | Preferred | |
| <i>triamcinolone acetonide topical cream</i> | Preferred | |
| <i>triamcinolone acetonide topical lotion</i> | Preferred | ST |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Preferred | |
| <i>triamcinolone acetonide</i> (Trianex Topical Ointment) | Preferred | |
| VANICREAM HC 1% CREAM (<i>hydrocortisone acetate</i>) | Preferred | |
| Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin | | |
| CORTISONE WITH ALOE TOPICAL CREAM (<i>hydrocortisone/aloe vera</i>) | Preferred | |
| HYDROCORTISONE PLUS TOPICAL CREAM (<i>hydrocortisone/aloe vera</i>) | Preferred | |
| <i>hydrocortisone-aloe vera topical cream 1 %</i> | Preferred | |
| Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin | | |
| <i>imiquimod topical cream in packet 5 %</i> | Preferred | QL (12 EA per 30 days) |
| Dermatological - Immunomodulator - Interferons - Drugs For The Skin | | |
| ALFERON N INJECTION SOLUTION (<i>interferon alfa-n3</i>) | Preferred | PA; SP |

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|---|-------------------|---|
| Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin | | |
| CONDYLOX TOPICAL GEL (<i>podofilox</i>) | Preferred | PA; QL (4 GM per 30 days) |
| <i>podofilox topical solution</i> | Preferred | QL (4 ML per 30 days) |
| Dermatological - Keratoplastic-Keratolytic Combinations - Drugs For The Skin | | |
| X-SEB T PEARL TOPICAL SHAMPOO (<i>salicylic acid/coal tar</i>) | Preferred | |
| Dermatological - Local Anesthetic Combinations - Drugs For The Skin | | |
| <i>lidocaine-prilocaine topical cream</i> | Preferred | FL (1 fill per 30 days); QL (30 GM per 30 days) |
| Dermatological - Nsaid Single Agents - Drugs For The Skin | | |
| <i>diclofenac sodium topical drops</i> | Preferred | |
| <i>diclofenac sodium topical gel 1 %</i> | Preferred | |
| Dermatological - Ornithine Decarboxylase (Odc) Inhibitors - Drugs For The Skin | | |
| VANIQA TOPICAL CREAM (<i>eflornithine hcl</i>) | Benefit Exclusion | |
| Dermatological - Protectant Combinations - Drugs For The Skin | | |
| <i>calamine-zinc oxide topical lotion</i> | Preferred | |
| Dermatological - Rosacea Therapy, Topical - Drugs For The Skin | | |
| <i>metronidazole topical cream</i> | Preferred | |
| <i>metronidazole topical gel</i> | Preferred | |
| <i>metronidazole topical lotion</i> | Preferred | |
| NORITATE TOPICAL CREAM (<i>metronidazole</i>) | Non-Preferred | |
| Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin | | |
| ANECREAM TOPICAL CREAM (<i>lidocaine</i>) | Preferred | |
| <i>lidocaine hcl mucous membrane jelly</i> | Preferred | |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | Preferred | |
| <i>lidocaine hcl topical cream 3 %, 4 %</i> | Preferred | |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | Preferred | QL (90 EA per 30 days) |
| <i>lidocaine topical cream 4 %</i> | Preferred | |
| <i>lidocaine topical cream 5 %</i> | Preferred | PA |
| LMX 4 TOPICAL CREAM (<i>lidocaine</i>) | Preferred | |
| Dermatological - Topical Local Anesthetic Others - Drugs For The Skin | | |
| <i>pramoxine topical foam</i> | Preferred | |
| PRAX TOPICAL TOWELETTE (<i>pramoxine hcl</i>) | Preferred | |
| SENSITIVE ANTI-ITCH TOPICAL LOTION (<i>pramoxine hcl</i>) | Preferred | |
| VAGISIL ANTI-ITCH TOPICAL TOWELETTE (<i>pramoxine hcl</i>) | Preferred | |

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|---|-------------------|--------------------------------|
| Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin | | |
| ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM (<i>capsaicin</i>) | Preferred | |
| <i>capsaicin topical cream 0.025 %</i> | Preferred | |
| Hair Growth Agents - Topical - Drugs For The Skin | | |
| ROGAINE EXTRA STRENGTH FOR MEN TOPICAL SOLUTION (<i>minoxidil</i>) | Benefit Exclusion | |
| ROGAINE TOPICAL FOAM (<i>minoxidil</i>) | Benefit Exclusion | |
| ROGAINE TOPICAL SOLUTION (<i>minoxidil</i>) | Benefit Exclusion | |
| Hair Growth Agents - Type II 5-Alpha Reductase Inhibitors - Drugs For The Skin | | |
| PROPECIA ORAL TABLET (<i>finasteride</i>) | Benefit Exclusion | |
| Hair Growth, Topical Hypertrichotic Agents, Eyelashes - Drugs For The Skin | | |
| LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR (<i>bimatoprost</i>) | Benefit Exclusion | |
| Scabicide And Pediculicide Combinations - Drugs For The Skin | | |
| LICE KILLING TOPICAL SHAMPOO (<i>piperonyl butoxide/pyrethrins</i>) | Preferred | |
| LICE PYRINYL SHAMPOO TOPICAL SHAMPOO (<i>piperonyl butoxide/pyrethrins</i>) | Preferred | |
| LICE TREATMENT TOPICAL SHAMPOO (<i>piperonyl butoxide/pyrethrins</i>) | Preferred | |
| Scabicide And Pediculicide Single Agents - Drugs For The Skin | | |
| EURAX TOPICAL CREAM (<i>crotamiton</i>) | Preferred | PA |
| EURAX TOPICAL LOTION (<i>crotamiton</i>) | Preferred | PA |
| LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID (<i>permethrin</i>) | Preferred | |
| LICE TREATMENT TOPICAL LIQUID (<i>permethrin</i>) | Preferred | |
| <i>malathion topical lotion</i> | Preferred | ST; QL (118 ML per 30 days) |
| NATROBA TOPICAL SUSPENSION (<i>spinosad</i>) | Preferred | ST |
| NIX CREME RINSE TOPICAL LIQUID (<i>permethrin</i>) | Preferred | |
| <i>permethrin topical cream</i> | Preferred | |
| <i>spinosad topical suspension</i> | Preferred | ST |
| ULESFIA TOPICAL LOTION (<i>benzyl alcohol</i>) | Preferred | PA |
| Wound Care - Dressings - Drugs For The Skin | | |
| MEDIHONEY (HONEY) TOPICAL PASTE (<i>honey</i>) | Preferred | PA |
| Diagnostic Agents | | |
| Diagnostic Drugs - Pituitary Function | | |
| <i>cosyntropin injection recon soln</i> | Preferred | PA; SP |

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|--|-------------------|--------------------------------|
| Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System | | |
| Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction | | |
| CIALIS ORAL TABLET (<i>tadalafil</i>) | Benefit Exclusion | |
| VIAGRA ORAL TABLET (<i>sildenafil citrate</i>) | Benefit Exclusion | |
| Eating Disorder Therapy - Drugs For Eating Disorders | | |
| Anorexiants - Drugs For Eating Disorders | | |
| <i>phentermine hcl</i> (Adipex-P Oral Capsule) | Non-Preferred | |
| <i>phentermine hcl</i> (Adipex-P Oral Tablet) | Non-Preferred | |
| <i>phentermine oral capsule</i> | Preferred | |
| <i>phentermine oral tablet</i> | Preferred | |
| Anti-Obesity - Fat Absorption Decreasing Agents - Drugs For Eating Disorders | | |
| ALLI ORAL CAPSULE (<i>orlistat</i>) | Preferred | PA |
| XENICAL ORAL CAPSULE (<i>orlistat</i>) | Preferred | PA |
| Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders | | |
| <i>dronabinol oral capsule</i> | Preferred | PA; QL (60 EA per 30 days) |
| Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders | | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i> | Preferred | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | Preferred | |
| Electrolyte Balance-Nutritional Products - Drugs For Nutrition | | |
| Amino Acid - Carnitine Derivatives - Drugs For Nutrition | | |
| L-CARNITINE ORAL TABLET (<i>levocarnitine</i>) | Preferred | |
| <i>levocarnitine 330 mg tablet (rx)</i> | Preferred | FL (O) |
| <i>levocarnitine 330 mg tablet usp (rx)</i> | Preferred | FL (F) |
| <i>levocarnitine oral tablet 330 mg</i> | Preferred | |
| B-Complex Vitamin Combinations - Drugs For Nutrition | | |
| <i>b-complex with vitamin c oral tablet</i> | Preferred | |
| DIALYVITE 3000 ORAL TABLET (<i>folic acid/vitamin b comp and c/selenium/minerals/zinc</i>) | Preferred | |
| DIALYVITE 800-ULTRA D ORAL TABLET (<i>folic acid/vitamin b comp and c/zinc/vitamin d3</i>) | Preferred | |
| NEPHRO-VITE ORAL TABLET (<i>folic acid/vitamin b complex and vitamin c</i>) | Preferred | |
| RENA-VITE ORAL TABLET (<i>folic acid/vitamin b complex and vitamin c</i>) | Preferred | |
| SUPER B COMPLEX-VITAMIN C ORAL TABLET (<i>b-complex with vitamin c</i>) | Preferred | |

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|---|-----------|--------------------------------|
| SUPERVITE ORAL LIQUID (<i>lysine hcl/vitamin b complex/folic acid/zinc</i>) | Preferred | |
| VITAMINS FOR HAIR CAPSULE (<i>multivitamin with minerals/folic acid/biotin</i>) | Preferred | |
| Dextrose And Lactated Ringer's Solutions - Drugs For Nutrition | | |
| dextrose 5 %-lactated ringers intravenous parenteral solution | Preferred | PA |
| Dextrose And Sodium Chloride Solutions - Drugs For Nutrition | | |
| d10 %-0.45 % sodium chloride intravenous parenteral solution | Preferred | PA |
| d2.5 %-0.45 % sodium chloride intravenous parenteral solution | Preferred | PA |
| d5 % and 0.9 % sodium chloride intravenous parenteral solution | Preferred | PA |
| d5 %-0.45 % sodium chloride intravenous parenteral solution | Preferred | PA |
| dextrose 10 % and 0.2 % nacl intravenous parenteral solution | Preferred | PA |
| dextrose 5%-0.2 % sod.chloride intravenous parenteral solution | Preferred | PA |
| dextrose 5%-0.3 % sod.chloride intravenous parenteral solution | Preferred | PA |
| Dextrose Solutions - Drugs For Nutrition | | |
| dextrose 10 % in water (d10w) intravenous parenteral solution | Preferred | PA |
| dextrose 20 % in water (d20w) intravenous parenteral solution | Preferred | PA |
| dextrose 25 % in water (d25w) intravenous syringe | Preferred | PA |
| dextrose 30 % in water (d30w) intravenous parenteral solution | Preferred | PA |
| dextrose 40 % in water (d40w) intravenous parenteral solution | Preferred | PA |
| dextrose 5 % in water (d5w) intravenous parenteral solution | Preferred | PA |
| dextrose 5 % in water (d5w) intravenous piggyback | Preferred | PA |
| dextrose 50 % in water (d50w) intravenous parenteral solution | Preferred | PA |
| dextrose 50 % in water (d50w) intravenous syringe | Preferred | PA |
| dextrose 70 % in water (d70w) intravenous parenteral solution | Preferred | |
| Dextrose Solutions, Concentrated - Drugs For Nutrition | | |
| dextrose 20 % in water (d20w) intravenous parenteral solution | Preferred | PA |
| dextrose 25 % in water (d25w) intravenous syringe | Preferred | PA |
| dextrose 30 % in water (d30w) intravenous parenteral solution | Preferred | PA |
| dextrose 40 % in water (d40w) intravenous parenteral solution | Preferred | PA |
| dextrose 50 % in water (d50w) intravenous parenteral solution | Preferred | PA |
| dextrose 50 % in water (d50w) intravenous syringe | Preferred | PA |
| dextrose 70 % in water (d70w) intravenous parenteral solution | Preferred | |
| Dietary Product - Dietary Supplements - Drugs For Nutrition | | |
| JEVITY 1 CAL ORAL LIQUID (<i>lactose-reduced food/fiber</i>) | Preferred | PA |
| JEVITY 1.2 CAL ORAL LIQUID (<i>lactose-reduced food/fiber</i>) | Preferred | PA |
| JEVITY 1.5 CAL ORAL LIQUID (<i>lactose-reduced food/fiber</i>) | Preferred | PA |

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|---|-----------|--------------------------------|
| Dietary Product - Infant Formulas - Drugs For Nutrition | | |
| ALFAMINO INFANT ORAL POWDER (<i>infant formula with iron, If/ amino acids/dha/arachidonic acid</i>) | Preferred | AL (Max 1 Years) |
| CALCILLO XD ORAL POWDER (<i>infant formula with iron</i>) | Preferred | AL (Max 1 Years) |
| ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.7 GRAM/100 KCAL (<i>infant form. iron, lactose free/dha/arachidonic acid (ara)</i>) | Preferred | AL (Max 1 Years) |
| ENFAMIL A.R. ORAL POWDER (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| ENFAMIL ENFACARE ORAL LIQUID (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| ENFAMIL ENFACARE ORAL POWDER (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| ENFAMIL HUMAN MILK FORTIFIER ORAL POWDER IN PACKET (<i>infant formula with iron, human milk fortifier</i>) | Preferred | AL (Max 1 Years) |
| ENFAMIL NEURO ENFACARE NON-GMO ORAL LIQUID (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| ENFAMIL NEURO ENFACARE NON-GMO ORAL POWDER (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| GERBER EXTENSIVE HA ORAL POWDER (<i>infant formula, special metab, lactose free, iron/b. animalis</i>) | Preferred | AL (Max 1 Years) |
| NEOCATE INFANT DHA-ARA ORAL POWDER (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| NEOCATE SYNEO INFANT ORAL POWDER (<i>infant formula, iron/dha/ara/fos/inulin/bifidobacterium brev</i>) | Preferred | AL (Max 1 Years) |
| NUTRAMIGEN WITH ENFLORA LGG ORAL POWDER (<i>infant formula, iron, spec.metabol, lactose free/l.rhamnosus gg</i>) | Preferred | AL (Max 1 Years) |
| PREGESTIMIL ORAL POWDER (<i>infant formula with iron</i>) | Preferred | AL (Max 1 Years) |
| PURAMINO DHA-ARA ORAL POWDER (<i>infant formula with iron/amino acids/dha/arachidonic acid</i>) | Preferred | AL (Max 1 Years) |
| SIMILAC ALIMENTUM ORAL POWDER (<i>infant form. iron, lactose free/dha/arachidonic acid (ara)</i>) | Preferred | AL (Max 1 Years) |
| SIMILAC EXPERT CARE ALIMENTUM ORAL POWDER (<i>infant form. iron, lactose free/dha/arachidonic acid (ara)</i>) | Preferred | AL (Max 1 Years) |
| SIMILAC EXPERT CARE ALIMENTUM ORAL SUSPENSION (<i>infant form. iron, lactose free/dha/arachidonic acid (ara)</i>) | Preferred | AL (Max 1 Years) |
| SIMILAC NEOSURE ORAL LIQUID (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| SIMILAC NEOSURE ORAL POWDER (<i>infant formula with iron/docosahexaenoic acid/arachidonic ac</i>) | Preferred | AL (Max 1 Years) |
| SIMILAC PM ORAL POWDER (<i>infant formula, regular</i>) | Preferred | AL (Max 1 Years) |
| Diluents - Sodium Chloride - Drugs For Nutrition | | |
| sodium chloride 0.9 % injection solution | Preferred | |

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| Diluents - Sterile Water For Injection - Drugs For Nutrition | | |
| water for injection,sterile (Sterile Water For Injection Injection Solution) | Preferred | |
| water for injection, sterile injection solution | Preferred | |
| Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition | | |
| sodium polystyrene sulfonate oral powder | Preferred | |
| SPS (WITH SORBITOL) RECTAL ENEMA (sodium polystyrene sulfonate/sorbitol solution) | Preferred | PA |
| VELTASSA ORAL POWDER IN PACKET (patiromer calcium sorbitex) | Preferred | PA |
| Irrigation Solutions - Drugs For Nutrition | | |
| lactated ringers irrigation solution | Preferred | PA |
| ringer's irrigation solution | Preferred | PA |
| sodium chloride irrigation solution | Preferred | |
| sodium chloride tablet,soluble | Preferred | PA |
| water for irrigation, sterile irrigation solution | Preferred | |
| Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents - Drugs For Nutrition | | |
| sodium acetate intravenous solution | Preferred | PA |
| sodium bicarbonate in d5w intravenous solution | Preferred | PA |
| sodium bicarbonate intravenous solution | Preferred | PA |
| sodium bicarbonate intravenous syringe | Preferred | PA |
| Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition | | |
| CALCIUM 500 ORAL TABLET (calcium carbonate) | Preferred | |
| CALCIUM 500 ORAL TABLET,CHEWABLE (calcium carbonate) | Preferred | |
| CALCIUM 600 ORAL TABLET (calcium carbonate) | Preferred | |
| calcium carbonate oral suspension | Preferred | |
| calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg) | Preferred | |
| calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg) | Preferred | |
| calcium chloride intravenous solution | Preferred | PA |
| calcium chloride intravenous syringe | Preferred | PA |
| calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml, 1 gram/110 ml, 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml | Preferred | PA |
| calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml | Preferred | PA |
| calcium gluconate in water intravenous syringe | Preferred | PA |
| calcium gluconate intravenous solution | Preferred | PA |
| calcium gluconate oral tablet | Preferred | PA |
| NATURAL CALCIUM ORAL TABLET (calcium carbonate) | Preferred | |

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|---|-----------|--------------------------------|
| OYSTER SHELL CALCIUM 500 ORAL TABLET (calcium carbonate) | Preferred | |
| OYSTER SHELL CALCIUM ORAL TABLET (calcium carbonate) | Preferred | |
| SUPER CALCIUM ORAL TABLET (calcium carbonate) | Preferred | |
| Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition | | |
| CALCIUM 500 + D ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| CALCIUM 500 WITH D ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| CALCIUM 600 + D(3) ORAL CAPSULE (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| CALCIUM 600 + D(3) ORAL TABLET 600 MG-10 MCG (400 UNIT), 600 MG-5 MCG (200 UNIT) (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-3.125 mcg (125 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit) | Preferred | |
| CALCIUM WITH VITAMIN D ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| HI-CAL PLUS VIT D ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| OYSKO 500/D ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| OYSTERCAL-D ORAL TABLET (calcium carbonate/cholecalciferol (vitamin d3)) | Preferred | |
| PARVA-CAL 500 ORAL TABLET (calcium carbonate,calcium gluconate/ergocalciferol (vit d2)) | Preferred | |
| Minerals And Electrolytes - Electrolytes And Dextrose - Drugs For Nutrition | | |
| dextrose 5 % in ringer's intravenous parenteral solution | Preferred | PA |
| electrolyte-48 in d5w intravenous parenteral solution | Preferred | PA |
| ELLIOTTS B (PF) INTRATHECAL SOLUTION (chemo therapy diluent,e-lytes and dextrose, buffered no.1/pf) | Preferred | PA |
| IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION (electrolyte-b solution/dextrose 5 % in water) | Preferred | PA |
| IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION (electrolyte-mb solution/dextrose 5 % in water) | Preferred | PA |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION (electrolyte-p solution/dextrose 5 % in water) | Preferred | PA |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION (electrolyte-m solution/dextrose 5 % in water) | Preferred | PA |

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|--|-----------|--------------------------------|
| Minerals And Electrolytes - Iron - Drugs For Nutrition | | |
| CHILDREN'S IRON ORAL DROPS (ferrous sulfate) | Preferred | |
| FERAHEME INTRAVENOUS SOLUTION (ferumoxytol) | Preferred | PA |
| FEROSUL ORAL TABLET (ferrous sulfate) | Preferred | |
| FERRLECIT INTRAVENOUS SOLUTION (sodium ferric gluconate complex in sucrose) | Preferred | |
| FERRO-TIME ORAL TABLET (ferrous sulfate) | Preferred | |
| ferrous sulfate oral drops | Preferred | |
| ferrous sulfate oral elixir | Preferred | |
| ferrous sulfate oral liquid | Preferred | |
| ferrous sulfate oral solution | Preferred | |
| ferrous sulfate oral tablet | Preferred | |
| ferrous sulfate oral tablet,delayed release (drlec) | Preferred | |
| INFED INJECTION SOLUTION (iron dextran complex) | Preferred | |
| IRON (FERROUS SULFATE) ORAL TABLET (ferrous sulfate) | Preferred | |
| IRON ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate) | Preferred | |
| sodium ferric gluconat-sucrose intravenous solution | Preferred | |
| VENOFER INTRAVENOUS SOLUTION (iron sucrose complex) | Preferred | PA |
| Minerals And Electrolytes - Magnesium - Drugs For Nutrition | | |
| magnesium oxide oral tablet 200 mg magnesium, 400 mg magnesium | Preferred | |
| magnesium oxide oral tablet 400 mg (241.3 mg magnesium) | Preferred | |
| magnesium sulfate in 0.9 %nacl intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml | Preferred | PA |
| magnesium sulfate in 0.9 %nacl intravenous solution 10 gram/250 ml (40 mg/ml) | Preferred | PA |
| magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml | Preferred | PA |
| magnesium sulfate in water intravenous parenteral solution | Preferred | PA |
| magnesium sulfate in water intravenous piggyback | Preferred | PA |
| magnesium sulfate injection solution | Preferred | PA |
| magnesium sulfate injection syringe | Preferred | PA |
| Minerals And Electrolytes - Manganese - Drugs For Nutrition | | |
| manganese chloride intravenous solution | Preferred | PA |
| Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition | | |
| electrolytes-dextrose oral solution | Preferred | |
| ORALYTE ORAL SOLUTION (electrolytes/dextrose) | Preferred | |
| PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose) | Preferred | |

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|--|-----------|--------------------------------|
| PEDIATRIC FREEZER POPS ORAL SOLUTION <i>(electrolytes/dextrose)</i> | Preferred | |
| Minerals And Electrolytes - Parenteral Electrolyte Combinations - Drugs For Nutrition | | |
| HYPERTHYTE CR INTRAVENOUS SOLUTION <i>(sodium/potassium/magnesium/calcium/chloride/acetate)</i> | Preferred | PA |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION <i>(electrolyte-s (ph 7.4))</i> | Preferred | PA |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION (electrolyte-s solution) | Preferred | PA |
| NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION <i>(electrolyte-r solution)</i> | Preferred | PA |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION <i>(electrolyte-r (ph 7.4))</i> | Preferred | PA |
| NUTRILYTE INTRAVENOUS SOLUTION <i>(sodium/potassium/magnes/calcium/chloride/acetate/gluconate)</i> | Preferred | PA |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION <i>(electrolyte-148 solution)</i> | Preferred | PA |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION <i>(electrolyte-a solution)</i> | Preferred | PA |
| TPN ELECTROLYTES II INTRAVENOUS SOLUTION <i>(sodium/potassium/magnesium/calcium/chloride/acetate)</i> | Preferred | PA |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION <i>(sodium/potassium/magnesium/calcium/chloride/acetate)</i> | Preferred | PA |
| Minerals And Electrolytes - Phosphate - Drugs For Nutrition | | |
| GLYCOPHOS INTRAVENOUS SOLUTION (sodium glycerophosphate) | Preferred | PA |
| PHOSPHA 250 NEUTRAL ORAL TABLET (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono) | Preferred | |
| <i>potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml, 30 mmol/500 ml</i> | Preferred | PA |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i> | Preferred | PA |
| <i>sodium phosphate intravenous solution</i> | Preferred | PA |
| Minerals And Electrolytes - Potassium For Injection - Drugs For Nutrition | | |
| <i>kcl 10 meq in d5w-0.3% nacl single-use</i> | Preferred | |
| <i>kcl 10 meq-lidocaine 10 mg/100 ml-0.9% nacl bag (cmpd-rx) l/f, single use</i> | Preferred | |
| <i>kcl 10 meq-lidocaine 10 mg/100 ml-0.9% nacl bag (cmpd-rx) single use, p/f</i> | Preferred | PA |
| <i>kcl 20 meq in d5w-0.3% nacl single-use</i> | Preferred | |
| <i>kcl 20 meq in d5w-0.33% nacl single use</i> | Preferred | PA |
| <i>potassium acetate intravenous solution</i> | Preferred | PA |

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| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i> | Preferred | PA |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/250 ml (80 meq/l)</i> | Preferred | PA |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | Preferred | PA |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> | Preferred | PA |
| <i>potassium chloride in lr-d5 intravenous parenteral solution</i> | Preferred | PA |
| <i>potassium chloride in water intravenous piggyback</i> | Preferred | PA |
| <i>potassium chloride in water intravenous syringe</i> | Preferred | PA |
| <i>potassium chloride intravenous solution</i> | Preferred | PA |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution</i> | Preferred | PA |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution</i> | Preferred | PA |
| <i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> | Preferred | |
| <i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i> | Preferred | PA |
| <i>potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml</i> | Preferred | |
| Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition | | |
| <i>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (potassium chloride)</i> | Preferred | |
| <i>KLOR-CON 8 ORAL TABLET EXTENDED RELEASE (potassium chloride)</i> | Preferred | |
| <i>potassium chloride</i> (Klor-Con M10 Oral Tablet,Er Particles/Crystals) | Preferred | |
| <i>potassium chloride</i> (Klor-Con M15 Oral Tablet,Er Particles/Crystals) | Preferred | |
| <i>potassium chloride</i> (Klor-Con M20 Oral Tablet,Er Particles/Crystals) | Preferred | |
| <i>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)</i> | Preferred | |
| <i>potassium chloride oral capsule, extended release</i> | Preferred | |
| <i>potassium chloride oral liquid</i> | Preferred | |
| <i>potassium chloride oral packet</i> | Preferred | |
| <i>potassium chloride oral tablet extended release</i> | Preferred | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i> | Preferred | |
| Minerals And Electrolytes - Sodium Chloride, Oral - Drugs For Nutrition | | |
| <i>sodium chloride oral tablet</i> | Preferred | PA |
| <i>sodium chloride tablet,soluble</i> | Preferred | PA |
| Minerals And Electrolytes - Trace Mineral Combinations - Drugs For Nutrition | | |
| <i>ADDAMEL N INTRAVENOUS SOLUTION (trace elements comb no.1)</i> | Preferred | PA |
| <i>MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION (zinc sulfate/cupric sulfate/manganese sulf/chromic chloride)</i> | Preferred | PA |

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| MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION (zinc sulfate/cupric sulfate/manganese sulf/chromic chloride) | Preferred | PA |
| MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION (zinc sulfate/cupric sulfate/manganese sulf/chromic chloride) | Preferred | PA |
| PEDITRACE INTRAVENOUS SOLUTION (zinc,copper,manganese chl/sod selen/sod fluoride/pot iodide) | Preferred | PA |
| TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION (zinc sulfate/cupric sulfate/manganese sulf/chromic chloride) | Preferred | PA |
| Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition | | |
| chromium chloride intravenous solution | Preferred | PA |
| COPPER CHLORIDE INTRAVENOUS SOLUTION (cupric chloride) | Preferred | PA |
| Minerals And Electrolytes - Zinc - Drugs For Nutrition | | |
| zinc chloride intravenous solution | Preferred | PA |
| zinc sulfate intravenous solution 5 mg/ml | Preferred | PA |
| Multivitamin And Mineral Combinations - Drugs For Nutrition | | |
| DAILY-VITE ORAL TABLET (multivitamin) | Non-Preferred | |
| DAILY-VITE TABLET (multivitamin with folic acid) | Non-Preferred | |
| O-CAL F.A. ORAL TABLET (multivitamin with minerals no.61/ferrous fumarate/folic acid) | Preferred | |
| Multivitamins - Drugs For Nutrition | | |
| DAILY MULTIPLE VITAMINS TABLET MFG UNRESPONSIVE (multivitamin) | Preferred | |
| DAILY-VITE (WITH FOLIC ACID) ORAL TABLET (multivitamin with folic acid) | Non-Preferred | |
| DAILY-VITE ORAL TABLET (multivitamin) | Non-Preferred | |
| EQL ONE DAILY ESSENTIAL TABLET (OTC) (multivitamin) | Preferred | |
| GNP ONE DAILY ESSENTIAL TABLET (RX) (multivitamin) | Preferred | |
| MULTI-VITAMIN DAILY TABLET (RX) (multivitamin) | Preferred | |
| MULTI-VITAMIN DAILY TABLET 10X10 (RX) (multivitamin) | Preferred | |
| multivitamin oral tablet | Preferred | |
| ONE DAILY ESSENTIAL TABLET (RX) (multivitamin) | Preferred | |
| PV DAILY MULTIPLE VITAMIN TAB (OTC) (multivitamin) | Preferred | |
| VITAMINS FOR HAIR CAPSULE (multivitamin with minerals/folic acid/biotin) | Preferred | |
| Nutritional Product - Nutritional Therapy - Drugs For Nutrition | | |
| FIBERSOURCE HN FEEDING TUBE LIQUID (nutritional supplement/inulin/fructooligosaccharides/fiber) | Preferred | PA |
| NEPRO CARB STEADY ORAL LIQUID (nutritional therapy, impaired renal function,lactose-reduced) | Preferred | FL (6 fills per 365 days) |
| NUTREN 1.0 FEEDING TUBE LIQUID (nutritional supplement) | Preferred | PA |
| NUTREN 1.5 FEEDING TUBE LIQUID (nutritional supplement) | Preferred | PA |

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|--|---------------|--------------------------------|
| NUTREN 2.0 FEEDING TUBE LIQUID (<i>nutritional supplement</i>) | Preferred | PA |
| REPLETE ORAL LIQUID (<i>nutritional supplement</i>) | Non-Preferred | |
| Parenteral Nutrition - Amino Acid And Dextrose Combinations - Drugs For Nutrition | | |
| aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution | Preferred | PA |
| amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution | Preferred | PA |
| amino acid 3.5% no.2(ped)-d10w intravenous parenteral solution | Preferred | PA |
| amino acid 4 % no.2 (ped)-d10w intravenous parenteral solution | Preferred | PA |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 5 %/dextrose 15 % in water</i>) | Preferred | PA |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 4.25 %/dextrose 10 % in water</i>) | Preferred | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 4.25 % in dextrose 5 % in water</i>) | Preferred | PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 5 %/dextrose 20 % in water</i>) | Preferred | PA |
| Parenteral Nutrition - Amino Acid Solutions - Drugs For Nutrition | | |
| AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 10 % combination no.2</i>) | Preferred | PA |
| AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 8.5 % combination no.2</i>) | Preferred | PA |
| AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 10 % combination no.1</i>) | Preferred | PA |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 15 % combination no.2</i>) | Preferred | PA |
| AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 7 % combination no.2</i>) | Preferred | PA |
| AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 8.5 % combination no.3</i>) | Preferred | PA |
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 10% combination no.5 (pediatric)</i>) | Preferred | PA |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 7 % combination no.1 (pediatric)</i>) | Preferred | PA |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 5.2 % combination no.1 (renal)</i>) | Preferred | PA |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 15% combination no.6</i>) | Preferred | PA |
| PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 10% combination no.7</i>) | Preferred | PA |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 20 % combination no.1</i>) | Preferred | PA |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 10 % combination no.6</i>) | Preferred | PA |

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|--|-----------|--------------------------------|
| Parenteral Nutrition - Amino Acid, Dextrose, E-Lytes And Fat Emul Comb - Drugs For Nutrition | | |
| KABIVEN INTRAVENOUS EMULSION (<i>amino acid 3.31 % no.1/d9.8w/fat emulsions/electrolyte no.10</i>) | Preferred | PA |
| PERIKABIVEN INTRAVENOUS EMULSION (<i>amino acid 2.36 % no.1/d6.8w/fat emulsions/electrolytes no.9</i>) | Preferred | PA |
| Parenteral Nutrition - Intravenous Fat Emulsions - Drugs For Nutrition | | |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (<i>fat emulsions</i>) | Preferred | PA |
| NUTRILIPID INTRAVENOUS EMULSION (<i>fat emulsions</i>) | Preferred | PA |
| OMEGAVEN INTRAVENOUS EMULSION (<i>fatty acids combo. no.6/fish oil/glycerin/phospholipids, egg</i>) | Preferred | PA |
| SMOFLIPID INTRAVENOUS EMULSION (<i>fat emulsions/soybean oil/med chain trig/olive oil/fish oil</i>) | Preferred | PA |
| Parenteral Nutrition-Amino Acid, Dextrose And Electrolytes Combination - Drugs For Nutrition | | |
| <i>aa 2 % no1 ped-d10-calcium-hep intravenous parenteral solution</i> | Preferred | PA |
| <i>aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution</i> | Preferred | PA |
| <i>aa 4% no2 ped-d10w-calcium-hep intravenous parenteral solution</i> | Preferred | PA |
| <i>aa 6% no.1 ped-d10-calcium-hep intravenous parenteral solution</i> | Preferred | PA |
| <i>aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution</i> | Preferred | PA |
| <i>aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution</i> | Preferred | PA |
| <i>aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution</i> | Preferred | PA |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 2.75 %/calcium/electrolyte-tpn soln/d5w</i>) | Preferred | PA |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%</i>) | Preferred | PA |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 4.25 %/calcium/electrolyte-tpn soln/d5w</i>) | Preferred | PA |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 5 %/dextrose 15 %/electrolytes</i>) | Preferred | PA |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION (<i>amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %</i>) | Preferred | PA |
| Pediatric Vitamins - Drugs For Nutrition | | |
| ANIMAL CHEWS ORAL TABLET,CHEWABLE (<i>multivitamin</i>) | Preferred | |
| CHILDREN'S CHEWABLE VITAMIN ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.144</i>) | Preferred | |
| DINO-LIFE WITH IRON-ZINC ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.159/ferrous sulfate</i>) | Preferred | |
| GUMMI BEAR MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>multivitamin</i>) | Preferred | |

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|---|-----------|--------------------------------|
| HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.159/ferrous sulfate</i>) | Preferred | |
| Pediatric Vitamins And Mineral Combinations - Drugs For Nutrition | | |
| ANIMAL SHAPES PLUS IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>) | Preferred | |
| CEROVITE JR ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.158/ferrous fumarate/phytonadione</i>) | Preferred | |
| CHILDS/IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>) | Preferred | |
| LITTLE ANIMALS-IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>) | Preferred | |
| VITALETS ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>) | Preferred | |
| Pediatric Vitamins With Fluoride And Minerals Combinations - Drugs For Nutrition | | |
| MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>) | Preferred | |
| Pediatric Vitamins With Fluoride Combinations - Drugs For Nutrition | | |
| MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>) | Preferred | |
| MULTI-VITAMIN WITH FLUORIDE ORAL DROPS (<i>pediatric multivitamin no.2/sodium fluoride</i>) | Preferred | |
| MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE (<i>pediatric multivitamins no.17 with sodium fluoride</i>) | Preferred | |
| MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE (<i>pediatric multivitamins no.17 with sodium fluoride</i>) | Preferred | |
| MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.16/sodium fluoride</i>) | Preferred | |
| MVC-FLUORIDE ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.12 with sodium fluoride</i>) | Preferred | |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS (<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>) | Preferred | |
| TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>) | Preferred | |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS (<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>) | Preferred | |
| Prenatal Vitamins And Minerals - Drugs For Nutrition | | |
| KPN ORAL TABLET (<i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i>) | Preferred | |
| MYNATAL PLUS ORAL TABLET (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>) | Preferred | |
| MYNATAL-Z ORAL TABLET (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>) | Preferred | |
| <i>pnv cmb#95-ferrous fumarate-fa oral tablet</i> | Preferred | |

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|---|-----------|--------------------------------|
| PRENATABS FA ORAL TABLET (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATABS RX ORAL TABLET (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>) | Preferred | |
| PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL LOW IRON ORAL TABLET (<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL ONE DAILY ORAL TABLET (<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL PLUS ORAL TABLET (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>) | Preferred | |
| PRENATAL TABLET ORAL TABLET (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>) | Preferred | |
| PRENATAL VITAMIN WITH MINERALS ORAL TABLET (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>) | Preferred | |
| <i>prenatal vit-iron fum-folic ac oral tablet</i> | Preferred | |
| <i>prenatal vits96-iron fum-folic oral tablet</i> | Preferred | |
| SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>) | Preferred | |
| TRICARE ORAL TABLET (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>) | Preferred | |
| TRINATAL RX 1 ORAL TABLET (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>) | Preferred | |
| Ringer's And Lactated Ringer's Solutions - Drugs For Nutrition | | |
| <i>lactated ringers intravenous parenteral solution</i> | Preferred | PA |
| <i>ringer's intravenous parenteral solution</i> | Preferred | PA |
| Sodium Chloride Flushes - Drugs For Nutrition | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Preferred | |
| BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Preferred | |
| BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Preferred | |
| NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Preferred | |

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|--|-----------|--------------------------------|
| sodium chloride 0.9 % (flush) injection syringe | Preferred | |
| sodium chloride 0.9 % (flush) injection syringe, with swab cap | Preferred | PA |
| sodium chloride 0.9 % injection solution | Preferred | |
| Sodium Chloride Solutions, Concentrated - Drugs For Nutrition | | |
| sodium chloride 3 % intravenous parenteral solution | Preferred | PA |
| sodium chloride 5 % intravenous parenteral solution | Preferred | PA |
| sodium chloride intravenous parenteral solution | Preferred | PA |
| Sodium Chloride, Parenteral - Drugs For Nutrition | | |
| sodium chloride 0.45 % intravenous parenteral solution | Preferred | PA |
| sodium chloride 0.9 % intravenous parenteral solution | Preferred | PA |
| sodium chloride 0.9 % intravenous piggyback | Preferred | PA |
| sodium chloride 3 % intravenous parenteral solution | Preferred | PA |
| sodium chloride 5 % intravenous parenteral solution | Preferred | PA |
| sodium chloride intravenous parenteral solution | Preferred | PA |
| Sterile Water For Injection - Drugs For Nutrition | | |
| water for injection, sterile intravenous parenteral solution | Preferred | |
| Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition | | |
| thiamine hcl (vitamin b1) oral tablet 100 mg | Preferred | |
| VITAMIN B-1 (MONONITRATE) ORAL TABLET (thiamine mononitrate (vit b1)) | Preferred | |
| VITAMIN B-1 ORAL TABLET 100 MG, 50 MG (thiamine hcl) | Preferred | |
| Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition | | |
| cyanocobalamin (vitamin b-12) injection solution | Preferred | QL (1 ML per 28 days) |
| cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg | Preferred | |
| cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg | Preferred | |
| VITAMIN B-12 ORAL TABLET 1,000 MCG (cyanocobalamin (vitamin b-12)) | Preferred | |
| Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition | | |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG (niacin) | Preferred | PA |
| niacin oral capsule, extended release 500 mg | Preferred | PA |
| niacin oral tablet | Preferred | PA |
| niacin oral tablet extended release 250 mg, 500 mg | Preferred | PA |
| SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (niacin) | Preferred | PA |
| Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition | | |
| pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg | Preferred | |
| VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG (pyridoxine hcl (vitamin b6)) | Preferred | |

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|---|---------------|--------------------------------|
| Vitamins - D Derivatives - Drugs For Nutrition | | |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | Preferred | PA |
| <i>calcitriol oral capsule</i> | Preferred | |
| <i>calcitriol oral solution</i> | Preferred | PA |
| <i>cholecalciferol (vitamin d3) oral capsule</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) oral drops 125 mcg/ml (5,000 unit/ml)</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) oral liquid</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) oral tablet</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) oral tablet, chewable</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) oral tablet, disintegrating</i> | Preferred | |
| <i>cholecalciferol (vitamin d3) sublingual spray, suspension</i> | Preferred | |
| D3 DOTS ORAL TABLET (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| D3-2000 ORAL CAPSULE (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| D-VI-SOL ORAL DROPS (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| <i>ergocalciferol (vitamin d2) oral capsule</i> | Preferred | |
| <i>ergocalciferol (vitamin d2) oral drops</i> | Preferred | |
| <i>ergocalciferol (vitamin d2) oral tablet</i> | Preferred | |
| ROCALTROL ORAL CAPSULE 0.5 MCG (<i>calcitriol</i>) | Non-Preferred | |
| THERA-D ORAL TABLET (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| <i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule) | Preferred | |
| VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| VITAMIN D3 ORAL TABLET (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| VITAMIN D3 ORAL TABLET,CHEWABLE (<i>cholecalciferol (vitamin d3)</i>) | Preferred | |
| Vitamins - Folic Acid And Derivatives - Drugs For Nutrition | | |
| <i>folic acid 1 mg tablet (rx)</i> | Preferred | FL (F) |
| <i>folic acid 1 mg tablet 10x10, u-d, inner (rx)</i> | Preferred | FL (F) |
| <i>folic acid 1 mg tablet 10x10, u-d, outer (rx)</i> | Preferred | FL (F) |
| <i>folic acid 1 mg tablet u-d,inner,10x10 (rx)</i> | Preferred | FL (F) |
| <i>folic acid 1 mg tablet u-d,outer,10x10 (rx)</i> | Preferred | FL (F) |
| <i>folic acid 1,000 mcg tablet (rx)</i> | Preferred | FL (O) |
| <i>folic acid 1,000 mcg tablet plf,s/f (rx)</i> | Preferred | FL (O) |
| <i>folic acid oral tablet 1 mg, 400 mcg</i> | Preferred | |
| Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition | | |
| MEPHYTON ORAL TABLET (<i>phytonadione (vit k1)</i>) | Preferred | |
| <i>phytonadione (vitamin k1) oral tablet 100 mcg</i> | Preferred | |

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|---|---------------|--------------------------------|
| Endocrine - Hormones | | |
| Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes | | |
| glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln) | Preferred | |
| Androgen - Single Agents - Drugs For Men | | |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) (testosterone) | Preferred | PA |
| TESTIM TRANSDERMAL GEL (testosterone) | Preferred | PA |
| testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml | Preferred | AL (Min 18 Years) |
| testosterone transdermal gel | Preferred | PA |
| testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) | Preferred | PA |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) | Preferred | PA |
| Antidiuretic And Vasopressor Hormones - Hormones | | |
| desmopressin oral tablet | Preferred | |
| Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes | | |
| acarbose oral tablet | Preferred | |
| Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes | | |
| alogliptin oral tablet | Preferred | PA; SP; QL (30 EA per 30 Days) |
| JANUVIA ORAL TABLET 100 MG (sitagliptin phosphate) | Preferred | |
| JANUVIA ORAL TABLET 25 MG, 50 MG (sitagliptin phosphate) | Preferred | PA |
| ONGLYZA ORAL TABLET (saxagliptin hcl) | Preferred | PA; QL (30 EA per 30 days) |
| TRADJENTA ORAL TABLET (linagliptin) | Preferred | |
| Antihyperglycemic - Meglitinide Analog And Biguanide Combinations - Drugs For Diabetes | | |
| repaglinide-metformin oral tablet | Non-Preferred | |
| Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes | | |
| nateglinide oral tablet | Preferred | |
| repaglinide oral tablet | Non-Preferred | |
| Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes | | |
| INVOKAMET ORAL TABLET (canagliflozin/metformin hcl) | Preferred | ST; QL (60 EA per 30 days) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR (canagliflozin/metformin hcl) | Preferred | ST; QL (60 EA per 30 days) |
| SEGLUROMET ORAL TABLET (ertugliflozin pidolate/metformin hcl) | Preferred | QL (60 EA per 30 days) |
| SYNJARDY ORAL TABLET (empagliflozin/metformin hcl) | Preferred | QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (empagliflozin/metformin hcl) | Preferred | QL (30 EA per 30 days) |

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|---|-----------|--------------------------------|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (empagliflozin/metformin hcl) | Preferred | QL (60 EA per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG (dapagliflozin propanediol/metformin hcl) | Preferred | ST; QL (30 EA per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG, 5-500 MG (dapagliflozin propanediol/metformin hcl) | Preferred | ST; QL (60 EA per 30 days) |
| Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes | | |
| FARXIGA ORAL TABLET (dapagliflozin propanediol) | Preferred | |
| INVOKANA ORAL TABLET (canagliflozin) | Preferred | ST; QL (30 EA per 30 days) |
| JARDIANCE ORAL TABLET (empagliflozin) | Preferred | |
| STEGLATRO ORAL TABLET (ertugliflozin pidolate) | Preferred | ST; QL (30 EA per 30 days) |
| Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes | | |
| glipizide-metformin oral tablet | Preferred | |
| glyburide-metformin oral tablet | Preferred | |
| Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes | | |
| glimepiride oral tablet | Preferred | |
| glipizide oral tablet | Preferred | |
| glipizide oral tablet extended release 24hr | Preferred | |
| glyburide oral tablet | Preferred | |
| Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes | | |
| pioglitazone-metformin oral tablet | Preferred | QL (90 EA per 30 days) |
| Antihyperglycemic, Amylin Analog-Type - Drugs For Diabetes | | |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR (pramlintide acetate) | Preferred | PA |
| Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type - Drugs For Diabetes | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (exenatide microspheres) | Preferred | PA |
| BYETTA SUBCUTANEOUS PEN INJECTOR (exenatide) | Preferred | PA |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR (semaglutide) | Preferred | |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (dulaglutide) | Preferred | |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR (liraglutide) | Preferred | |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR (liraglutide) | Preferred | |
| Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes | | |
| alogliptin-metformin oral tablet | Preferred | PA; SP; QL (60 EA per 30 Days) |
| JANUMET ORAL TABLET (sitagliptin phosphate/metformin hcl) | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|---|-----------|--|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR (<i>sitagliptin phosphate/metformin hcl</i>) | Preferred | |
| JENTADUETO ORAL TABLET (<i>linagliptin/metformin hcl</i>) | Preferred | |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (<i>linagliptin/metformin hcl</i>) | Preferred | QL (60 EA per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (<i>linagliptin/metformin hcl</i>) | Preferred | QL (30 EA per 30 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG (<i>saxagliptin hcl/metformin hcl</i>) | Preferred | PA; QL (60 EA per 30 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG (<i>saxagliptin hcl/metformin hcl</i>) | Preferred | PA; QL (30 EA per 30 days) |
| Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Preferred | |
| Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid | | |
| <i>propylthiouracil oral tablet</i> | Preferred | |
| Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs For Menopause And Bone Loss | | |
| EVENITY SUBCUTANEOUS SYRINGE (<i>romosozumab-aqqg</i>) | Preferred | PA; SP; FL (12 fills(s) per 999 day(s)); QL (3 ML per 30 days) |
| Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs For Menopause And Bone Loss | | |
| TYMLOS SUBCUTANEOUS PEN INJECTOR (<i>abaloparatide</i>) | Preferred | PA; SP; FL (24 fill(s) per 999 days); QL (1 ML per 30 days) |
| Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss | | |
| <i>teriparatide subcutaneous pen injector</i> | Preferred | PA; SP; FL (24 fill(s) per 999 day(s)); QL (1 ML per 28 days) |
| Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss | | |
| ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>) | Preferred | PA; QL (1 EA per 30 days) |
| ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>) | Preferred | PA; QL (4 EA per 30 days) |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | Preferred | QL (30 EA per 30 days) |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | Preferred | QL (4 EA per 30 days) |
| <i>ibandronate oral tablet</i> | Preferred | ST; QL (1 EA per 30 days) |
| <i>risedronate oral tablet 150 mg</i> | Preferred | ST; QL (1 EA per 30 days) |
| <i>risedronate oral tablet 30 mg</i> | Preferred | PA; QL (30 EA per 30 days) |
| <i>risedronate oral tablet 35 mg</i> | Preferred | ST; QL (4 EA per 28 days) |
| <i>risedronate oral tablet 5 mg</i> | Preferred | ST; QL (30 EA per 30 days) |
| <i>zoledronic acid intravenous recon soln</i> | Preferred | PA |
| <i>zoledronic acid intravenous solution</i> | Preferred | PA |

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|--|---------------|--------------------------------|
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | Preferred | FL (1 fill(s) per 330 day(s)) |
| Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss | | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> | Preferred | PA; SP; QL (60 EA per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> | Preferred | PA; SP |
| SENSIPAR ORAL TABLET (<i>cinacalcet hcl</i>) | Non-Preferred | |
| Calcitonins - Drugs For Menopause And Bone Loss | | |
| <i>calcitonin (salmon) nasal spray,non-aerosol</i> | Preferred | PA |
| MIACALCIN INJECTION SOLUTION (<i>calcitonin,salmon,synthetic</i>) | Non-Preferred | |
| Estrogen-Androgen - Drugs For Women | | |
| COVARYX H.S. ORAL TABLET (<i>estrogens,esterified/methyltestosterone</i>) | Preferred | |
| COVARYX ORAL TABLET (<i>estrogens,esterified/methyltestosterone</i>) | Preferred | |
| EEMT HS ORAL TABLET (<i>estrogens,esterified/methyltestosterone</i>) | Preferred | |
| EEMT ORAL TABLET (<i>estrogens,esterified/methyltestosterone</i>) | Preferred | |
| <i>estrogens-methyltestosterone oral tablet</i> | Preferred | |
| Estrogen-Progestin - Drugs For Women | | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol/levonorgestrel</i>) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol</i> (Jinteli Oral Tablet) | Preferred | |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | Preferred | |
| PREMPHASE ORAL TABLET (<i>estrogens, conjugated/medroxyprogesterone acetate</i>) | Preferred | |
| PREMPRO ORAL TABLET (<i>estrogens, conjugated/medroxyprogesterone acetate</i>) | Preferred | |
| Estrogens - Drugs For Women | | |
| ALORA TRANSDERMAL PATCH SEMIWEEKLY (<i>estradiol</i>) | Preferred | |
| <i>estradiol oral tablet</i> | Preferred | |
| <i>estradiol transdermal patch semiweekly</i> | Preferred | |
| <i>estradiol transdermal patch weekly</i> | Preferred | |
| <i>estradiol valerate intramuscular oil 20 mg/ml</i> | Preferred | |
| MENEST ORAL TABLET (<i>estrogens,esterified</i>) | Preferred | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>) | Preferred | |
| MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (<i>estradiol</i>) | Preferred | |
| PREMARIN ORAL TABLET (<i>estrogens, conjugated</i>) | Preferred | |
| VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (<i>estradiol</i>) | Preferred | |

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|--|---------------|--------------------------------|
| Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type - Drugs For Women | | |
| CRINONE VAGINAL GEL 8 % (<i>progesterone, micronized</i>) | Preferred | PA; QL (34 GM per 1 day) |
| Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type - Drugs For Women | | |
| MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>) | Preferred | PA; SP; QL (5 ML per 35 days) |
| Glucocorticoids - Drugs For Inflammation | | |
| DEXAMETHASONE INTENSOL ORAL DROPS (<i>dexamethasone</i>) | Preferred | |
| <i>dexamethasone oral elixir</i> | Preferred | |
| <i>dexamethasone oral solution</i> | Preferred | |
| <i>dexamethasone oral tablet</i> | Preferred | |
| <i>dexamethasone sodium phos (pf) injection solution</i> | Preferred | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml</i> | Preferred | |
| <i>hydrocortisone oral tablet</i> | Preferred | |
| MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>) | Preferred | |
| <i>methylprednisolone oral tablet</i> | Preferred | |
| <i>methylprednisolone oral tablets,dose pack</i> | Preferred | |
| MILLIPRED ORAL TABLET (<i>prednisolone</i>) | Preferred | |
| <i>prednisolone oral solution</i> | Preferred | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Preferred | |
| PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>) | Non-Preferred | |
| <i>prednisone oral solution</i> | Preferred | |
| <i>prednisone oral tablet</i> | Preferred | |
| <i>prednisone oral tablets,dose pack 5 mg</i> | Preferred | |
| SOLU-CORTEF INJECTION RECON SOLN (<i>hydrocortisone sod succinate</i>) | Preferred | |
| Growth Hormones - Drugs For Growth | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE (<i>somatropin</i>) | Preferred | PA; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>) | Preferred | PA; SP |
| HUMATROPE INJECTION CARTRIDGE (<i>somatropin</i>) | Preferred | PA; SP |
| HUMATROPE INJECTION RECON SOLN (<i>somatropin</i>) | Preferred | PA; SP |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>) | Preferred | PA; SP |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML) (<i>somatropin</i>) | Preferred | PA |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML) (<i>somatropin</i>) | Preferred | PA; SP |

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|---|---------------|--------------------------------|
| OMNITROPE SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>) | Preferred | PA; SP |
| OMNITROPE SUBCUTANEOUS RECON SOLN (<i>somatropin</i>) | Preferred | PA; SP |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (<i>somatropin</i>) | Preferred | PA; SP |
| Human Insulins - Fixed Combinations - Drugs For Diabetes | | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION (<i>insulin nph human isophane/insulin regular, human</i>) | Preferred | |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN (<i>insulin nph human isophane/insulin regular, human</i>) | Preferred | |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION (<i>insulin nph human isophane/insulin regular, human</i>) | Preferred | |
| Human Insulins - Intermediate Acting - Drugs For Diabetes | | |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN (<i>insulin nph human isophane</i>) | Preferred | QL (15 ML per 45 days) |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION (<i>insulin nph human isophane</i>) | Preferred | |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION (<i>insulin nph human isophane</i>) | Preferred | |
| Human Insulins - Short Acting - Drugs For Diabetes | | |
| HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION (<i>insulin regular, human</i>) | Preferred | |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN (<i>insulin regular, human</i>) | Preferred | PA |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN (<i>insulin regular, human</i>) | Preferred | QL (15 ML per 30 days) |
| NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION (<i>insulin regular, human</i>) | Preferred | |
| Insulin Analogs - Fixed Combinations - Drugs For Diabetes | | |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN (<i>insulin lispro protamine and insulin lispro</i>) | Non-Preferred | |
| HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION (<i>insulin lispro protamine and insulin lispro</i>) | Preferred | |
| <i>insulin asp prot-insulin aspart subcutaneous insulin pen</i> | Preferred | QL (15 ML per 45 days) |
| <i>insulin asp prot-insulin aspart subcutaneous solution</i> | Preferred | |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen</i> | Preferred | QL (15 ML per 60 days) |
| NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION (<i>insulin aspart protamine human/insulin aspart</i>) | Non-Preferred | |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN (<i>insulin aspart protamine human/insulin aspart</i>) | Non-Preferred | |
| Insulin Analogs - Long Acting - Drugs For Diabetes | | |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin glargine, human recombinant analog</i>) | Preferred | QL (15 ML per 30 days) |

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|--|---------------|--------------------------------|
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin glargine, human recombinant analog</i>) | Non-Preferred | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION (<i>insulin glargine, human recombinant analog</i>) | Non-Preferred | |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN (<i>insulin glargine, human recombinant analog</i>) | Preferred | PA |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin glargine, human recombinant analog</i>) | Preferred | PA |
| Insulin Analogs - Rapid Acting - Drugs For Diabetes | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin lispro</i>) | Non-Preferred | |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>) | Non-Preferred | |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION (<i>insulin glulisine</i>) | Preferred | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin aspart (niacinamide)</i>) | Preferred | QL (15 ML per 60 Days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION (<i>insulin aspart (niacinamide)</i>) | Preferred | |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin lispro</i>) | Non-Preferred | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>) | Non-Preferred | |
| <i>insulin aspart u-100 subcutaneous insulin pen</i> | Preferred | |
| <i>insulin aspart u-100 subcutaneous solution</i> | Preferred | |
| <i>insulin lispro subcutaneous insulin pen</i> | Preferred | QL (15 ML per 30 days) |
| <i>insulin lispro subcutaneous solution</i> | Preferred | |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN (<i>insulin aspart</i>) | Non-Preferred | |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION (<i>insulin aspart</i>) | Non-Preferred | |
| Insulin Response Enhancers - Biguanides - Drugs For Diabetes | | |
| <i>metformin oral tablet</i> | Preferred | |
| <i>metformin oral tablet extended release 24 hr</i> | Preferred | |
| <i>metformin oral tablet extended release 24hr 500 mg</i> | Non-Preferred | |
| Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes | | |
| <i>pioglitazone oral tablet</i> | Preferred | ST |
| Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs For Women | | |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT (<i>leuprolide acetate</i>) | Preferred | PA; SP |

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| SUPPRELIN LA IMPLANT KIT (<i>histrelin acetate</i>) | Preferred | PA |
| Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women | | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>) | Preferred | PA; SP |
| SYNAREL NASAL SPRAY, NON-AEROSOL (<i>nafarelin acetate</i>) | Preferred | PA; SP |
| Lhrh (Gnrh) Antagonists - Drugs For Women | | |
| CETROTIDE SUBCUTANEOUS KIT (<i>cetorelix acetate</i>) | Preferred | PA; SP |
| <i>ganirelix subcutaneous syringe</i> | Preferred | PA; SP |
| Mineralocorticoids - Drugs For Inflammation | | |
| <i>fludrocortisone oral tablet</i> | Preferred | |
| Oxytocic - Ergot Alkaloids - Drugs For Women | | |
| <i>methylergonovine maleate</i> (Methergine Oral Tablet) | Preferred | QL (28 EA per 365 days) |
| <i>methylergonovine oral tablet</i> | Preferred | |
| Progestins - Drugs For Women | | |
| <i>hydroxyprogesterone(pf)(preg presv) intramuscular oil</i> | Preferred | PA; SP; QL (5 ML per 35 days) |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil</i> | Preferred | PA; SP; QL (5 ML per 35 days) |
| MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>) | Non-Preferred | SP |
| <i>medroxyprogesterone oral tablet</i> | Preferred | |
| <i>norethindrone acetate oral tablet</i> | Preferred | |
| <i>progesterone intramuscular oil</i> | Preferred | PA |
| <i>progesterone micronized oral capsule</i> | Preferred | PA; QL (60 EA per 30 days) |
| Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women | | |
| <i>cabergoline oral tablet</i> | Preferred | QL (8 EA per 30 days) |
| Rank Ligand (Rankl) Inhibitor, Mc Antibody - Drugs For Menopause And Bone Loss | | |
| PROLIA SUBCUTANEOUS SYRINGE (<i>denosumab</i>) | Preferred | PA; SP; FL (1 fill(s) per 135 day(s)) |
| Thyroid Eye Disease Agents - Drugs For Thyroid | | |
| TEPEZZA INTRAVENOUS RECON SOLN (<i>teprotumumab-trbw</i>) | Preferred | PA; PL |
| Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid | | |
| ARMOUR THYROID ORAL TABLET (<i>thyroid,pork</i>) | Preferred | |
| NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>) | Preferred | |
| Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid | | |
| <i>liothyronine oral tablet</i> | Preferred | |

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| Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid | | |
| <i>levothyroxine oral tablet</i> | Preferred | |
| SYNTHROID ORAL TABLET 137 MCG (<i>levothyroxine sodium</i>) | Non-Preferred | |
| Gastrointestinal Therapy Agents - Drugs For The Stomach | | |
| Antacid - Bicarbonate - Drugs For Ulcers And Stomach Acid | | |
| <i>sodium bicarbonate oral tablet 325 mg</i> | Preferred | PA |
| <i>sodium bicarbonate oral tablet 650 mg</i> | Preferred | |
| Antacid - Calcium - Drugs For Ulcers And Stomach Acid | | |
| <i>calcium carbonate oral suspension</i> | Preferred | |
| <i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i> | Preferred | |
| Antacid - Magnesium - Drugs For Ulcers And Stomach Acid | | |
| <i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i> | Preferred | |
| Antacid - Simethicone Combinations - Drugs For Ulcers And Stomach Acid | | |
| ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ALMACONE-2 ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID ANTI-GAS ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID EXTRA-STRENGTH ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID LIQUID ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID M ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID MAXIMUM STRENGTH ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID PLUS ANTI-GAS ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID REGULAR STRENGTH ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID-ANTIGAS ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| ANTACID-SIMETHICONE ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |
| COMFORT GEL ORAL SUSPENSION (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>) | Preferred | |

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| GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| LIQUID ANTACID ORAL SUSPENSION 400-400-40 MG/5 ML (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| MAG-AL PLUS EXTRA STRENGTH ORAL SUSPENSION (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| MINTOX MAXIMUM STRENGTH ORAL SUSPENSION (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| MINTOX ORAL SUSPENSION (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| MINTOX PLUS ORAL TABLET,CHEWABLE (magnesium hydroxide/aluminum hydroxide/simethicone) | Preferred | |
| Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea | | |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE (loperamide hcl) | Preferred | |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET (loperamide hcl) | Preferred | |
| <i>hm loperamide 2 mg softgel softgel (otc)</i> | Preferred | FL (O) |
| <i>loperamide 2 mg capsule (rx)</i> | Preferred | FL (F) |
| <i>loperamide 2 mg capsule u-d, 10x10, inner (rx)</i> | Preferred | FL (F) |
| <i>loperamide 2 mg capsule u-d,10x10,outer (rx)</i> | Preferred | FL (F) |
| <i>loperamide oral capsule 2 mg</i> | Preferred | |
| <i>loperamide oral liquid 1 mg/7.5 ml</i> | Preferred | |
| <i>loperamide oral tablet</i> | Preferred | |
| ULTRA A-D ORAL TABLET (loperamide hcl) | Preferred | |
| Antidiarrheal - Bismuth Agents - Drugs For Diarrhea | | |
| BISMATROL ORAL TABLET,CHEWABLE (bismuth subsalicylate) | Preferred | |
| BISMUTH ORAL TABLET,CHEWABLE (bismuth subsalicylate) | Preferred | |
| <i>bismuth subsalicylate oral tablet,chewable</i> | Preferred | |
| DIARRHEA RELIEF (BISMUTH SUBS) ORAL SUSPENSION (bismuth subsalicylate) | Preferred | |
| K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION (bismuth subsalicylate) | Preferred | |
| PINK BISMUTH MAXIMUM STRENGTH ORAL SUSPENSION (bismuth subsalicylate) | Preferred | |
| PINK BISMUTH ORAL SUSPENSION (bismuth subsalicylate) | Preferred | |
| PINK BISMUTH ORAL TABLET (bismuth subsalicylate) | Preferred | |
| PINK BISMUTH ORAL TABLET,CHEWABLE (bismuth subsalicylate) | Preferred | |
| SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET (bismuth subsalicylate) | Preferred | |
| SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET,CHEWABLE (bismuth subsalicylate) | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|--------------------------------|
| SOOTHE REGULAR STRENGTH ORAL SUSPENSION (<i>bismuth subsalicylate</i>) | Preferred | |
| STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION (<i>bismuth subsalicylate</i>) | Preferred | |
| STOMACH RELIEF ORAL SUSPENSION (<i>bismuth subsalicylate</i>) | Preferred | |
| STOMACH RELIEF ORAL TABLET (<i>bismuth subsalicylate</i>) | Preferred | |
| STOMACH RELIEF ORAL TABLET,CHEWABLE (<i>bismuth subsalicylate</i>) | Preferred | |
| STOMACH RELIEF ORIGINAL ORAL SUSPENSION (<i>bismuth subsalicylate</i>) | Preferred | |
| Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea | | |
| <i>diphenoxylate-atropine oral liquid</i> | Preferred | |
| <i>diphenoxylate-atropine oral tablet</i> | Preferred | |
| Antiemetic - Antihistamines - Drugs For Vomiting And Nausea | | |
| <i>meclizine 12.5 mg caplet (otc)</i> | Preferred | FL (O) |
| <i>meclizine 12.5 mg caplet caplet (otc)</i> | Preferred | FL (O) |
| <i>meclizine 12.5 mg tablet (otc)</i> | Preferred | FL (O) |
| <i>meclizine 12.5 mg tablet (rx)</i> | Preferred | FL (F) |
| <i>meclizine 12.5 mg tablet 10x10, u-d, inner (rx)</i> | Preferred | FL (F) |
| <i>meclizine 12.5 mg tablet 10x10, u-d, outer (rx)</i> | Preferred | FL (F) |
| <i>meclizine 12.5 mg tablet inner (rx)</i> | Preferred | FL (F) |
| <i>meclizine 12.5 mg tablet outer (rx)</i> | Preferred | FL (F) |
| <i>meclizine 25 mg tablet (otc)</i> | Preferred | FL (O) |
| <i>meclizine 25 mg tablet (rx)</i> | Preferred | FL (F) |
| <i>meclizine 25 mg tablet 10x10, u-d, inner (rx)</i> | Preferred | FL (F) |
| <i>meclizine 25 mg tablet 10x10, u-d, outer (rx)</i> | Preferred | FL (F) |
| <i>meclizine 25 mg tablet inner (rx)</i> | Preferred | FL (F) |
| <i>meclizine 25 mg tablet outer (rx)</i> | Preferred | FL (F) |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | Preferred | |
| <i>meclizine oral tablet, chewable</i> | Preferred | |
| MOTION SICKNESS (MECLIZINE) ORAL TABLET (<i>meclizine hcl</i>) | Preferred | |
| MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET (<i>meclizine hcl</i>) | Preferred | |
| MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE (<i>meclizine hcl</i>) | Preferred | |
| VERTICALM ORAL TABLET (<i>meclizine hcl</i>) | Preferred | |
| Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea | | |
| <i>dronabinol oral capsule</i> | Preferred | PA; QL (60 EA per 30 days) |

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| Medications | Tier | Restrictions (if applicable) |
|---|-----------|---|
| Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs For Vomiting And Nausea | | |
| <i>trimethobenzamide oral capsule</i> | Preferred | |
| Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea | | |
| <i>prochlorperazine</i> (Compro Rectal Suppository) | Preferred | |
| <i>prochlorperazine maleate oral tablet</i> | Preferred | |
| <i>prochlorperazine rectal suppository</i> | Preferred | |
| <i>promethazine oral syrup</i> | Preferred | FL (1 fill per 365 days); QL (240 ML per 1 day); AL (Min 2 Years) |
| <i>promethazine oral tablet</i> | Preferred | |
| <i>promethazine rectal suppository</i> | Preferred | |
| <i>promethazine hcl</i> (Promethegan Rectal Suppository) | Preferred | |
| Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs For Vomiting And Nausea | | |
| <i>ALOXI INTRAVENOUS SOLUTION (palonosetron hcl)</i> | Preferred | PA; SP |
| <i>granisetron hcl oral tablet</i> | Preferred | PA |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Preferred | QL (60 EA per 30 days) |
| <i>ondansetron oral tablet,disintegrating</i> | Preferred | QL (60 EA per 30 days) |
| <i>SANCUSO TRANSDERMAL PATCH WEEKLY (granisetron)</i> | Preferred | PA; SP |
| Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs For Vomiting And Nausea | | |
| <i>aprepitant oral capsule</i> | Preferred | PA; QL (6 EA per 30 days) |
| <i>aprepitant oral capsule,dose pack</i> | Preferred | PA; QL (6 EA per 30 days) |
| <i>EMEND ORAL CAPSULE 80 MG (aprepitant)</i> | Preferred | PA; QL (6 EA per 30 days) |
| <i>EMEND ORAL CAPSULE,DOSE PACK (aprepitant)</i> | Preferred | PA; QL (6 EA per 30 days) |
| Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation | | |
| <i>LINZESS ORAL CAPSULE (linaclotide)</i> | Preferred | PA; QL (30 EA per 30 days) |
| Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach | | |
| <i>lactulose</i> (Enulose Oral Solution) | Preferred | |
| <i>lactulose</i> (Generlac Oral Solution) | Preferred | |
| <i>lactulose oral solution 10 gram/15 ml</i> | Preferred | |
| <i>lactulose oral solution 10 gram/15 ml (15 ml)</i> | Preferred | |
| Digestive Enzyme Mixtures - Drugs For The Stomach | | |
| <i>CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) (lipase/protease/amylase)</i> | Preferred | |
| <i>PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase)</i> | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|---|-----------|--------------------------------|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT <i>(lipase/protease/amylase)</i> | Preferred | |
| Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach | | |
| ursodiol oral capsule 300 mg | Preferred | |
| ursodiol oral tablet | Preferred | |
| Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid | | |
| ACID CONTROLLER ORAL TABLET 20 MG (famotidine) | Preferred | |
| ACID REDUCER (CIMETIDINE) ORAL TABLET (cimetidine) | Preferred | |
| ACID REDUCER (FAMOTIDINE) ORAL TABLET 20 MG (famotidine) | Preferred | |
| <i>cimetidine 200 mg tablet (otc)</i> | Preferred | FL (O) |
| <i>cimetidine 200 mg tablet (rx)</i> | Preferred | FL (F) |
| <i>cimetidine 200 mg tablet blister pack (otc)</i> | Preferred | FL (O) |
| <i>cimetidine 200 mg tablet f/c (rx)</i> | Preferred | FL (F) |
| <i>cimetidine hcl oral solution</i> | Preferred | |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> | Preferred | |
| <i>cvs cimetidine 200 mg tablet (otc)</i> | Preferred | FL (O) |
| <i>famotidine 20 mg tablet (otc)</i> | Preferred | FL (O) |
| <i>famotidine 20 mg tablet (rx)</i> | Preferred | FL (F) |
| <i>famotidine 20 mg tablet 12's (rx)</i> | Preferred | FL (F) |
| <i>famotidine 20 mg tablet f/c (rx)</i> | Preferred | FL (F) |
| <i>famotidine 20 mg tablet u-d,10x10,inner (rx)</i> | Preferred | FL (F) |
| <i>famotidine 20 mg tablet u-d,10x10,outer (rx)</i> | Preferred | FL (F) |
| <i>famotidine intravenous solution</i> | Preferred | |
| <i>famotidine oral suspension</i> | Preferred | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Preferred | |
| <i>gnp cimetidine 200 mg tablet blister pack (otc)</i> | Preferred | FL (O) |
| HEARTBURN PREVENTION ORAL TABLET 20 MG (famotidine) | Preferred | |
| HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET (cimetidine) | Preferred | |
| HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 20 MG (famotidine) | Preferred | |
| <i>hm famotidine 20 mg tablet maximum strength (otc)</i> | Preferred | FL (O) |
| <i>pub famotidine 20 mg tablet (otc)</i> | Preferred | FL (O) |
| <i>pub famotidine 20 mg tablet max strength (otc)</i> | Preferred | FL (O) |
| Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid | | |
| <i>cvs esomeprazole mag 20 mg cap (otc)</i> | Preferred | FL (O) |

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| Medications | Tier | Restrictions (if applicable) |
|--|---------------|--------------------------------|
| cvs esomeprazole mag 20 mg cap inner (otc) | Preferred | FL (O) |
| cvs esomeprazole mag 20 mg cap outer (otc) | Preferred | FL (O) |
| cvs lansoprazole dr 15 mg cap 1x14 day course (otc) | Preferred | FL (O) |
| cvs lansoprazole dr 15 mg cap 2x14 day course (otc) | Preferred | FL (O) |
| cvs lansoprazole dr 15 mg cap 3x14 day course (otc) | Preferred | FL (O) |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE (dexlansoprazole) | Preferred | ST |
| eq lansoprazole dr 15 mg cap (otc) | Preferred | FL (O) |
| eq lansoprazole dr 15 mg cap outer (otc) | Preferred | FL (O) |
| eql lansoprazole dr 15 mg cap (otc) | Preferred | FL (O) |
| esomeprazole mag dr 20 mg cap (otc) | Preferred | ST |
| esomeprazole mag dr 20 mg cap (rx) | Preferred | FL (F) |
| esomeprazole mag dr 20 mg cap inner (otc) | Preferred | FL (O) |
| esomeprazole mag dr 20 mg cap inner (otc) | Preferred | ST |
| esomeprazole mag dr 20 mg cap inner (rx) | Preferred | FL (F) |
| esomeprazole mag dr 20 mg cap outer (otc) | Preferred | FL (O) |
| esomeprazole mag dr 20 mg cap outer (otc) | Preferred | ST |
| esomeprazole mag dr 20 mg cap outer (rx) | Preferred | FL (F) |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg | Preferred | ST |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg | Non-Preferred | |
| gnp esomeprazole mag dr 20 mg (otc) | Preferred | FL (O) |
| gnp lansoprazole dr 15 mg cap (otc) | Preferred | FL (O) |
| gnp lansoprazole dr 15 mg cap 24hr, 3 bottles (otc) | Preferred | FL (O) |
| gs lansoprazole dr 15 mg cap (otc) | Preferred | FL (O) |
| hm esomeprazole mag dr 20 mg (otc) | Preferred | FL (O) |
| hm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) | Preferred | FL (O) |
| hm lansoprazole dr 15 mg cap gluten-free,2 bottle (otc) | Preferred | FL (O) |
| hm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc) | Preferred | FL (O) |
| kro lansoprazole dr 15 mg cap sodium & gluten free (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule (rx) | Preferred | FL (F) |
| lansoprazole dr 15 mg capsule 1x14 day course (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule 1x14 day course,nalf (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule 2x14 day course (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule 2x14 day course,nalf (otc) | Preferred | FL (O) |
| lansoprazole dr 15 mg capsule 3x14 day course (otc) | Preferred | FL (O) |

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| Medications | Tier | Restrictions (if applicable) |
|---|---------------|--|
| <i>lansoprazole dr 15 mg capsule 3x14 day course,nalf (otc)</i> | Preferred | FL (O) |
| <i>lansoprazole dr 15 mg capsule 3x14, glutenlf, nalf (otc)</i> | Preferred | FL (O) |
| <i>lansoprazole dr 15 mg capsule inner (rx)</i> | Preferred | FL (F) |
| <i>lansoprazole dr 15 mg capsule nalf (otc)</i> | Preferred | FL (O) |
| <i>lansoprazole dr 15 mg capsule outer (rx)</i> | Preferred | FL (F) |
| <i>lansoprazole dr 15 mg capsule sodium & gluten free (otc)</i> | Preferred | FL (O) |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i> | Preferred | |
| <i>lansoprazole oral tablet,disintegrat, delay rel</i> | Preferred | PA |
| <i>NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) (esomeprazole magnesium)</i> | Preferred | |
| <i>NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) (esomeprazole magnesium)</i> | Non-Preferred | |
| <i>NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG (esomeprazole magnesium)</i> | Preferred | PA |
| <i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i> | Preferred | |
| <i>pantoprazole oral tablet,delayed release (drlec)</i> | Preferred | |
| <i>PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL (lansoprazole)</i> | Preferred | PA |
| <i>PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON (omeprazole magnesium)</i> | Preferred | ST; QL (60 EA per 30 days); AL (Max 6 Years) |
| <i>qc esomeprazole mag dr 20 mg (otc)</i> | Preferred | FL (O) |
| <i>ra esomeprazole mag dr 20 mg (otc)</i> | Preferred | FL (O) |
| <i>ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc)</i> | Preferred | FL (O) |
| <i>rabeprazole oral tablet,delayed release (dr/ec)</i> | Preferred | ST |
| <i>sm esomeprazole mag dr 20 mg (otc)</i> | Preferred | FL (O) |
| <i>sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc)</i> | Preferred | FL (O) |
| <i>sm lansoprazole dr 15 mg cap gluten-free,2 bottle (otc)</i> | Preferred | FL (O) |
| <i>sm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc)</i> | Preferred | FL (O) |
| Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid | | |
| <i>misoprostol oral tablet</i> | Preferred | |
| Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs For The Stomach | | |
| <i>MOTERGRITY ORAL TABLET (prucalopride succinate)</i> | Preferred | PA; QL (30 EA per 30 days) |
| Gastrointestinal Antiflatulents - Drugs For The Stomach | | |
| <i>GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION (simethicone)</i> | Preferred | |
| <i>simethicone oral capsule</i> | Preferred | |
| <i>simethicone oral drops,suspension</i> | Preferred | |
| <i>simethicone oral tablet,chewable</i> | Preferred | |

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|--|-----------|--------------------------------|
| Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs For The Stomach | | |
| <i>metoclopramide hcl oral solution</i> | Preferred | |
| <i>metoclopramide hcl oral tablet</i> | Preferred | |
| Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps | | |
| <i>ED-SPAZ ORAL TABLET,DISINTEGRATING (hyoscyamine sulfate)</i> | Preferred | |
| <i>hyoscyamine sulfate oral drops</i> | Preferred | |
| <i>hyoscyamine sulfate oral elixir</i> | Preferred | |
| <i>hyoscyamine sulfate oral tablet</i> | Preferred | |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | Preferred | |
| <i>hyoscyamine sulfate oral tablet,disintegrating</i> | Preferred | |
| <i>hyoscyamine sulfate sublingual tablet</i> | Preferred | |
| <i>HYOSYNE ORAL DROPS (hyoscyamine sulfate)</i> | Preferred | AL (Max 1 Years) |
| <i>HYOSYNE ORAL ELIXIR (hyoscyamine sulfate)</i> | Preferred | |
| <i>OSCIMIN ORAL TABLET (hyoscyamine sulfate)</i> | Preferred | |
| <i>OSCIMIN SL SUBLINGUAL TABLET (hyoscyamine sulfate)</i> | Preferred | |
| <i>OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR (hyoscyamine sulfate)</i> | Preferred | |
| <i>SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE (hyoscyamine sulfate)</i> | Preferred | |
| Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps | | |
| <i>glycopyrrolate injection solution</i> | Preferred | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Preferred | |
| Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps | | |
| <i>dicyclomine oral capsule</i> | Preferred | |
| <i>dicyclomine oral solution</i> | Preferred | |
| <i>dicyclomine oral tablet</i> | Preferred | |
| Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps | | |
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> | Preferred | |
| <i>phenobarb-hyoscy-atropine-scop oral tablet</i> | Preferred | |
| <i>PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulfatropine sulf/scopolamine hb)</i> | Preferred | |
| <i>PHENOHYTRO ORAL TABLET (phenobarbital/hyoscyamine sulfatropine sulf/scopolamine hb)</i> | Preferred | |
| Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome | | |
| <i>AMITIZA ORAL CAPSULE (lubiprostone)</i> | Preferred | PA; QL (60 EA per 30 days) |

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|---|---------------|--|
| Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome | | |
| LINZESS ORAL CAPSULE (<i>linaclotide</i>) | Preferred | PA; QL (30 EA per 30 days) |
| Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease | | |
| STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>) | Preferred | PA; SP; PL |
| STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>) | Preferred | PA; SP; PL |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab</i>) | Preferred | PA; SP; PL |
| Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease | | |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR (<i>mesalamine</i>) | Preferred | PA; FL (6 fills per 180 days); QL (120 EA per 30 days) |
| ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>mesalamine</i>) | Non-Preferred | |
| <i>balsalazide oral capsule</i> | Preferred | |
| CANASA RECTAL SUPPOSITORY (<i>mesalamine</i>) | Preferred | PA |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) (<i>mesalamine</i>) | Non-Preferred | |
| <i>mesalamine oral capsule (with del rel tablets)</i> | Preferred | PA |
| <i>mesalamine oral tablet,delayed release (dr/rec)</i> | Preferred | PA; QL (120 EA per 30 days) |
| <i>mesalamine rectal enema</i> | Preferred | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE (<i>mesalamine</i>) | Preferred | PA; QL (120 EA per 30 Days) |
| <i>sulfasalazine oral tablet</i> | Preferred | |
| <i>sulfasalazine oral tablet,delayed release (dr/rec)</i> | Preferred | |
| Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease | | |
| <i>budesonide oral capsule,delayed,extend.release</i> | Preferred | PA; FL (4 fills per 365 days); QL (90 EA per 30 Days) |
| CORTIFOAM RECTAL FOAM (<i>hydrocortisone acetate</i>) | Preferred | |
| <i>hydrocortisone rectal enema</i> | Preferred | |
| Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody - Drugs For Inflammatory Bowel Disease | | |
| ENTYVIO INTRAVENOUS RECON SOLN (<i>vedolizumab</i>) | Preferred | PA; PL |
| Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease | | |
| XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>) | Preferred | PA; SP; PL; QL (60 EA per 30 Days) |
| XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>) | Preferred | PA; SP; PL; QL (60 EA per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>) | Preferred | PA; SP; PL; QL (30 EA per 30 days) |

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|---|---------------|--------------------------------|
| Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease | | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP; PL |
| CIMZIA SUBCUTANEOUS SYRINGE KIT (<i>certolizumab pegol</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (<i>adalimumab</i>) | Preferred | PA; SP; PL |
| INFLECTRA INTRAVENOUS RECON SOLN (<i>infliximab-dyyb</i>) | Preferred | PA; SP; PL |
| REMICADE INTRAVENOUS RECON SOLN (<i>infliximab</i>) | Non-Preferred | |
| RENFLEXIS INTRAVENOUS RECON SOLN (<i>infliximab-abda</i>) | Preferred | PA; SP; PL |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>) | Preferred | PA; SP; PL |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>) | Preferred | PA; SP; PL |
| Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome | | |
| AMITIZA ORAL CAPSULE (<i>lubiprostone</i>) | Preferred | PA; QL (60 EA per 30 days) |
| VIBERZI ORAL TABLET (<i>eluxadoline</i>) | Preferred | ST; QL (60 EA per 30 days) |
| Laxative - Bulk Forming - Drugs To Prevent Constipation | | |
| FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM (<i>psyllium husk (with sugar)</i>) | Preferred | |
| FIBER THERAPY(PSYL SEED-SUGAR) ORAL POWDER (<i>psyllium seed (with sugar)</i>) | Preferred | |
| HYDROCIL INSTANT ORAL PACKET (<i>psyllium seed</i>) | Preferred | |
| METAMUCIL (WITH SUGAR) ORAL POWDER IN PACKET (<i>psyllium husk (with sugar)</i>) | Non-Preferred | |
| METAMUCIL FIBER SINGLES ORAL POWDER IN PACKET (<i>psyllium husk/aspartame</i>) | Non-Preferred | |
| NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER (<i>psyllium seed (with sugar)</i>) | Preferred | |
| NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>) | Preferred | |

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|--|---------------|----------------------------------|
| NATURAL VEGETABLE (PSYLLIUM) ORAL POWDER (psyllium seed) | Preferred | |
| NATURAL VEGETABLE ORAL POWDER (psyllium seed (with dextrose)) | Preferred | |
| WAL-MUCIL FIBER (ASPARTAME) ORAL POWDER (psyllium husk/aspartame) | Preferred | |
| WAL-MUCIL FIBER (SUGAR) ORAL POWDER (psyllium husk (with sugar)) | Preferred | |
| Laxative - Saline And Osmotic - Drugs To Prevent Constipation | | |
| CITRATE OF MAGNESIA ORAL SOLUTION (magnesium citrate) | Preferred | |
| CLEARLAX ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |
| <i>lactulose</i> (Constulose Oral Solution) | Preferred | |
| FLEET GLYCERIN (ADULT) RECTAL SUPPOSITORY (glycerin) | Preferred | |
| GAVILAX ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |
| GENTLELAX ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |
| <i>glycerin (adult) rectal suppository</i> | Preferred | |
| <i>glycerin (child) rectal suppository</i> | Preferred | |
| <i>lactulose</i> (Kristalose Oral Packet) | Non-Preferred | |
| <i>lactulose oral solution 10 gram/15 ml</i> | Preferred | |
| <i>lactulose oral solution 20 gram/30 ml</i> | Preferred | |
| LAXACLEAR ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |
| LAXATIVE (GLYCERIN-PEDIATRIC) RECTAL SUPPOSITORY (glycerin) | Preferred | |
| LAXATIVE PEG 3350 ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |
| <i>magnesium citrate oral solution</i> | Preferred | |
| MILK OF MAGNESIA ORAL SUSPENSION (magnesium hydroxide) | Preferred | |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> | Preferred | QL (1054 GM per 23 days) |
| <i>polyethylene glycol 3350 powd (otc)</i> | Preferred | FL (O); QL (1054 GM per 23 days) |
| <i>polyethylene glycol 3350 powd (rx)</i> | Preferred | FL (F); QL (1054 GM per 23 days) |
| <i>polyethylene glycol 3350 powd 14 once-daily doses (otc)</i> | Preferred | FL (O); QL (1054 GM per 23 days) |
| <i>polyethylene glycol 3350 powd 30 once-daily doses (otc)</i> | Preferred | FL (O); QL (1054 GM per 23 days) |
| <i>polyethylene glycol 3350 powd 7 once-daily doses (otc)</i> | Preferred | FL (O); QL (1054 GM per 23 days) |
| PURELAX ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |
| SMOOTHLAX ORAL POWDER (polyethylene glycol 3350) | Preferred | QL (1054 GM per 30 days) |

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|---|---------------|--------------------------------|
| Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation | | |
| FLEET ENEMA EXTRA RECTAL ENEMA (sodium phosphate,monobasic/sodium phosphate,dibasic) | Preferred | |
| GAVILYTE-C ORAL RECON SOLN (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride) | Preferred | |
| peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln) | Preferred | |
| OSMOPREP ORAL TABLET (sodium phosphate,monobasic/sodium phosphate,dibasic) | Non-Preferred | |
| peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram | Preferred | |
| peg-electrolyte soln oral recon soln | Preferred | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN (sodium sulfate/potassium sulfate/magnesium sulfate) | Preferred | |
| Laxative - Stimulant - Drugs To Prevent Constipation | | |
| bisacodyl oral tablet,delayed release (dr/ec) | Preferred | |
| bisacodyl rectal suppository | Preferred | |
| BISA-LAX (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) (bisacodyl) | Preferred | |
| CHOCOLATE LAXATIVE ORAL TABLET,CHEWABLE (sennosides) | Preferred | |
| FLEET BISACODYL RECTAL ENEMA (bisacodyl) | Preferred | |
| FLEET LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) (bisacodyl) | Preferred | |
| GENTLE LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) (bisacodyl) | Preferred | |
| GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY (bisacodyl) | Preferred | |
| LAXATIVE (BISACODYL) ORAL TABLET (bisacodyl) | Preferred | |
| LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) (bisacodyl) | Preferred | |
| LAXATIVE (BISACODYL) RECTAL SUPPOSITORY (bisacodyl) | Preferred | |
| LAXATIVE (SENNOSIDES) ORAL TABLET 25 MG (sennosides) | Preferred | |
| NATURAL VEG LAXATIVE(SENNOSID) ORAL TABLET (sennosides) | Preferred | |
| SENNA LAX ORAL TABLET (sennosides) | Preferred | |
| SENNA LAXATIVE ORAL TABLET (sennosides) | Preferred | |
| SENNA ORAL SYRUP 8.8 MG/5 ML (sennosides) | Preferred | |
| SENNA ORAL TABLET (sennosides) | Preferred | |
| SEN-O-TAB ORAL TABLET (sennosides) | Preferred | |
| VEGETABLE LAXATIVE ORAL TABLET (sennosides) | Preferred | |
| WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET (bisacodyl) | Preferred | |
| WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) (bisacodyl) | Preferred | |

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|--|-----------|--------------------------------|
| WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET (<i>bisacodyl</i>) | Preferred | |
| WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>bisacodyl</i>) | Preferred | |
| Laxative - Stimulant And Surfactant Combinations - Drugs To Prevent Constipation | | |
| SENNNA WITH DOCUSATE SODIUM ORAL TABLET (<i>sennosides/docusate sodium</i>) | Preferred | |
| SENNNA-S ORAL TABLET (<i>sennosides/docusate sodium</i>) | Preferred | |
| <i>sennosides-docusate sodium oral tablet</i> | Preferred | |
| Laxative - Surfactant - Drugs To Prevent Constipation | | |
| COL-RITE ORAL CAPSULE (<i>docusate sodium</i>) | Preferred | |
| DOCU ORAL LIQUID (<i>docusate sodium</i>) | Preferred | |
| <i>docusate sodium oral capsule</i> | Preferred | |
| <i>docusate sodium oral liquid</i> | Preferred | |
| <i>docusate sodium oral syrup</i> | Preferred | |
| <i>docusate sodium oral tablet</i> | Preferred | |
| DOK ORAL CAPSULE 100 MG (<i>docusate sodium</i>) | Preferred | |
| DOK ORAL TABLET (<i>docusate sodium</i>) | Preferred | |
| PEDIA-LAX STOOL SOFTENER ORAL SYRUP (<i>docusate sodium</i>) | Preferred | |
| SILACE ORAL LIQUID (<i>docusate sodium</i>) | Preferred | |
| SILACE ORAL SYRUP (<i>docusate sodium</i>) | Preferred | |
| STOOL SOFTENER ORAL CAPSULE (<i>docusate sodium</i>) | Preferred | |
| STOOL SOFTENER ORAL LIQUID (<i>docusate sodium</i>) | Preferred | |
| STOOL SOFTENER ORAL SYRUP (<i>docusate sodium</i>) | Preferred | |
| STOOL SOFTENER ORAL TABLET (<i>docusate sodium</i>) | Preferred | |
| Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid | | |
| CARAFATE ORAL SUSPENSION (<i>sucralfate</i>) | Preferred | |
| <i>sucralfate oral tablet</i> | Preferred | |
| Genitourinary Therapy - Drugs For The Urinary System | | |
| G.U. Irrigants - Anti-Infective - Drugs For The Urinary System | | |
| <i>neomycin-polymyxin b gu irrigation solution</i> | Preferred | |
| G.U. Irrigants - Drugs For The Urinary System | | |
| <i>acetic acid irrigation solution</i> | Preferred | |
| Interstitial Cystitis Agents - Drugs For The Urinary System | | |
| ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>) | Preferred | |
| Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR (<i>mirabegron</i>) | Preferred | PA |

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|--|-------------------|--------------------------------|
| Phosphate Binders - Calcium-Based - Drugs For The Urinary System | | |
| <i>calcium acetate(phosphat bind) oral capsule</i> | Preferred | |
| <i>calcium acetate(phosphat bind) oral tablet</i> | Preferred | |
| Phosphate Binders - Drugs For The Urinary System | | |
| <i>calcium acetate(phosphat bind) oral capsule</i> | Preferred | |
| <i>calcium acetate(phosphat bind) oral tablet</i> | Preferred | |
| FOSRENOL ORAL TABLET,CHEWABLE 500 MG (<i>lanthanum carbonate</i>) | Preferred | PA; SP; QL (90 EA per 30 days) |
| <i>lanthanum oral tablet,chewable 1,000 mg</i> | Preferred | PA; SP |
| <i>lanthanum oral tablet,chewable 500 mg, 750 mg</i> | Preferred | PA; SP; QL (90 EA per 30 days) |
| RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>) | Non-Preferred | |
| RENVLA ORAL POWDER IN PACKET (<i>sevelamer carbonate</i>) | Non-Preferred | |
| RENVLA ORAL TABLET (<i>sevelamer carbonate</i>) | Non-Preferred | |
| <i>sevelamer carbonate oral powder in packet</i> | Preferred | PA |
| <i>sevelamer carbonate oral tablet</i> | Preferred | |
| <i>sevelamer hcl oral tablet 800 mg</i> | Preferred | ST |
| Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate | | |
| <i>alfuzosin oral tablet extended release 24 hr</i> | Preferred | |
| <i>tamsulosin oral capsule</i> | Preferred | |
| Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs For The Prostate | | |
| <i>finasteride oral tablet 5 mg</i> | Preferred | |
| Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor - Drugs For The Prostate | | |
| CIALIS ORAL TABLET 2.5 MG, 5 MG (<i>tadalafil</i>) | Benefit Exclusion | |
| Urinary Acidifier - Phosphates - Drugs For Infections | | |
| PHOSPHA 250 NEUTRAL ORAL TABLET (<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>) | Preferred | |
| Urinary Alkalizer - Citrates - Drugs For Infections | | |
| CYTRA-2 ORAL SOLUTION (<i>citric acid/sodium citrate</i>) | Preferred | |
| <i>potassium citrate oral tablet extended release</i> | Preferred | |
| <i>sodium citrate-citric acid oral solution</i> | Preferred | |
| VIRTRATE-2 ORAL SOLUTION (<i>citric acid/sodium citrate</i>) | Preferred | |
| Urinary Analgesics - Drugs For Infections | | |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> | Preferred | |
| Urinary Antibacterial - Methenamine And Salts - Drugs For Infections | | |
| <i>methenamine hippurate oral tablet</i> | Preferred | |

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|---|---------------|--------------------------------|
| <i>methenamine mandelate oral tablet</i> | Preferred | |
| Urinary Antibacterial - Nitrofuran Derivatives - Drugs For Infections | | |
| <i>MACRODANTIN ORAL CAPSULE 25 MG (<i>nitrofurantoin macrocrystal</i>)</i> | Preferred | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | Preferred | |
| <i>nitrofurantoin monohyd/m-cryst oral capsule</i> | Preferred | |
| <i>nitrofurantoin oral suspension</i> | Preferred | PA |
| Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs For The Bladder | | |
| <i>darifenacin oral tablet extended release 24 hr</i> | Preferred | PA |
| <i>solifenacin oral tablet</i> | Preferred | ST; QL (30 EA per 30 Days) |
| <i>VESICARE ORAL TABLET (<i>solifenacin succinate</i>)</i> | Non-Preferred | |
| Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder | | |
| <i>ED-SPAZ ORAL TABLET,DISINTEGRATING (<i>hyoscyamine sulfate</i>)</i> | Preferred | |
| <i>hyoscyamine sulfate oral drops</i> | Preferred | |
| <i>hyoscyamine sulfate oral elixir</i> | Preferred | |
| <i>hyoscyamine sulfate oral tablet</i> | Preferred | |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | Preferred | |
| <i>hyoscyamine sulfate oral tablet,disintegrating</i> | Preferred | |
| <i>hyoscyamine sulfate sublingual tablet</i> | Preferred | |
| <i>HYOSYNE ORAL DROPS (<i>hyoscyamine sulfate</i>)</i> | Preferred | AL (Max 1 Years) |
| <i>HYOSYNE ORAL ELIXIR (<i>hyoscyamine sulfate</i>)</i> | Preferred | |
| <i>OSCIMIN ORAL TABLET (<i>hyoscyamine sulfate</i>)</i> | Preferred | |
| <i>OSCIMIN SL SUBLINGUAL TABLET (<i>hyoscyamine sulfate</i>)</i> | Preferred | |
| <i>OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR (<i>hyoscyamine sulfate</i>)</i> | Preferred | |
| <i>SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE (<i>hyoscyamine sulfate</i>)</i> | Preferred | |
| Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder | | |
| <i>GELNIQUE TRANSDERMAL GEL IN PACKET (<i>oxybutynin chloride</i>)</i> | Preferred | PA |
| <i>oxybutynin chloride oral syrup</i> | Preferred | |
| <i>oxybutynin chloride oral tablet</i> | Preferred | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> | Preferred | QL (30 EA per 30 days) |
| <i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i> | Preferred | QL (60 EA per 30 days) |
| <i>tolterodine oral capsule,extended release 24hr</i> | Preferred | PA |
| <i>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR (<i>fesoterodine fumarate</i>)</i> | Preferred | ST; QL (30 EA per 30 days) |
| <i>trospium oral capsule,extended release 24hr</i> | Preferred | QL (30 EA per 30 days) |

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|--|-----------|---|
| <i>trospium oral tablet</i> | Preferred | QL (60 EA per 30 days) |
| Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder | | |
| <i>bethanechol chloride oral tablet</i> | Preferred | |
| Gout And Hyperuricemia Therapy - Drugs For Pain And Fever | | |
| Gout Acute Therapy - Antimitotics - Gout Drugs | | |
| <i>colchicine oral tablet</i> | Preferred | ST; FL (6 fills per 365 days); QL (61 EA per 30 days) |
| Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs | | |
| <i>probenecid-colchicine oral tablet</i> | Preferred | |
| Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs | | |
| <i>ELITEK INTRAVENOUS RECON SOLN (rasburicase)</i> | Preferred | SP |
| Hyperuricemia Therapy - Uricosurics - Gout Drugs | | |
| <i>probenecid oral tablet</i> | Preferred | |
| Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs | | |
| <i>allopurinol oral tablet</i> | Preferred | |
| <i>ULORIC ORAL TABLET (febuxostat)</i> | Preferred | PA |
| Hematological Agents - Drugs For The Blood | | |
| Anticoagulants - Coumarin - Drugs To Prevent Blood Clots | | |
| <i>warfarin sodium</i> (Jantoven Oral Tablet) | Preferred | |
| <i>warfarin oral tablet</i> | Preferred | |
| Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding | | |
| <i>FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT (anti-inhibitor coagulant complex)</i> | Preferred | PA |
| C1 Esterase Inhibitor Agents - Drugs For The Blood | | |
| <i>CINRYZE INTRAVENOUS RECON SOLN (c1 esterase inhibitor)</i> | Preferred | PA |
| Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots | | |
| <i>ELIQUIS ORAL TABLET 2.5 MG (apixaban)</i> | Preferred | QL (70 EA per 365 days) |
| <i>ELIQUIS ORAL TABLET 5 MG (apixaban)</i> | Preferred | QL (74 EA per 30 days) |
| <i>XARELTO ORAL TABLET 10 MG (rivaroxaban)</i> | Preferred | QL (35 EA per 365 days) |
| <i>XARELTO ORAL TABLET 15 MG (rivaroxaban)</i> | Preferred | QL (42 EA per 90 days) |
| <i>XARELTO ORAL TABLET 2.5 MG (rivaroxaban)</i> | Preferred | PA; PL |
| <i>XARELTO ORAL TABLET 20 MG (rivaroxaban)</i> | Preferred | |
| Erythropoietins - Drugs For The Blood | | |
| <i>EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, INNER (epoetin alfa)</i> | Preferred | PA; SP |
| <i>EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER (epoetin alfa)</i> | Preferred | PA; SP |
| <i>EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, INNER (epoetin alfa)</i> | Preferred | PA; SP |
| <i>EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, OUTER (epoetin alfa)</i> | Preferred | PA; SP |

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|--|---------------|--------------------------------|
| EPOGEN 20,000 UNITS/2 ML VIAL MDV, INNER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 20,000 UNITS/2 ML VIAL MDV, OUTER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 20,000 UNITS/ML VIAL INNER, MDV (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 20,000 UNITS/ML VIAL MDV, OUTER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 3,000 UNITS/ML VIAL SDV, P/F, INNER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 3,000 UNITS/ML VIAL SDV, P/F, OUTER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 4,000 UNITS/ML VIAL SDV, P/F, INNER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN 4,000 UNITS/ML VIAL SDV, P/F, OUTER (<i>epoetin alfa</i>) | Preferred | PA; SP |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>) | Preferred | PA; SP |
| PROCRIT 10,000 UNITS/ML VIAL 25'S,SDV,P/F, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL 4'S, MDV, OUTER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL 6'S, SDV (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL 6'S,MDV,OUTER (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL MDV, INNER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL SDV (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,INNER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,OUTER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 2,000 UNITS/ML VIAL 25'S,SDV,P/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 20,000 UNITS/ML VIAL (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 20,000 UNITS/ML VIAL 4'S,MDV, OUTER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 20,000 UNITS/ML VIAL 6'S, MDV (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 20,000 UNITS/ML VIAL 6'S,MDV (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 20,000 UNITS/ML VIAL MDV, INNER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 3,000 UNITS/ML VIAL 25'S,SDV,P/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 3,000 UNITS/ML VIAL SDV, P/F INNER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 3,000 UNITS/ML VIAL SDV,P/F, OUTER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 4,000 UNITS/ML VIAL 25'S,SDV,P/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, INNER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, OUTER, L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV,L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 40,000 UNITS/ML VIAL OUTER, SDV,P/F,L/F (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT 40,000 UNITS/ML VIAL SDV,P/F,4'S (<i>epoetin alfa</i>) | Non-Preferred | |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>) | Non-Preferred | PA; SP |

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|---|---------------------------|--------------------------------|
| PROCRIT INJECTION SOLUTION 40,000 UNIT/ML (<i>epoetin alfa</i>) | Non-Preferred | PA |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>) | Preferred | PA; SP |
| Factor IX Preparations - Drugs To Prevent Bleeding | | |
| ALPHANINE SD INTRAVENOUS RECON SOLN (<i>factor ix</i>) | Preferred | PA |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 250 UNIT, 500 UNIT (<i>factor ix human recombinant</i>) | Preferred | PA |
| PROFILNINE INTRAVENOUS RECON SOLN 500 (+/-) UNIT (<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>) | Preferred | PA |
| Factor VII Preparations - Drugs To Prevent Bleeding | | |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (<i>coagulation factor viia (recombinant)</i>) | Preferred | PA |
| Factor VIII Preparations (Ahf) - Drugs To Prevent Bleeding | | |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (<i>antihemophilic factor, human/von willebrand factor,human</i>) | Preferred | PA |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN (<i>antihemophilic factor, human</i>) | Preferred | PA |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN (<i>antihemophilic factor, human</i>) | Preferred | PA |
| HEMOFIL M MID INTRAVENOUS RECON SOLN (<i>antihemophilic factor, human</i>) | Preferred | PA |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN (<i>antihemophilic factor, human</i>) | Preferred | PA |
| HUMATE-P INTRAVENOUS RECON SOLN (<i>antihemophilic factor, human/von willebrand factor,human</i>) | Preferred | PA |
| KOGENATE FS INTRAVENOUS RECON SOLN (<i>antihemophilic factor (fviii) recombinant,full length</i>) | Preferred | PA |
| RECOMBINATE INTRAVENOUS RECON SOLN (<i>antihemophilic factor viii, human recombinant</i>) | Preferred | PA |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT (<i>antihemophilic factor, human/von willebrand factor,human</i>) | Preferred | PA |
| WILATE INTRAVENOUS RECON SOLN 500-500 UNIT (<i>antihemophilic factor, human/von willebrand factor,human</i>) | Carved to Fee-For-Service | PA |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>) | Preferred | PA |
| XYNTHA INTRAVENOUS SOLUTION 250 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>) | Carved to Fee-For-Service | PA |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 3,000 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>) | Preferred | PA |

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|--|-----------|--------------------------------|
| Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood | | |
| GRANIX SUBCUTANEOUS SYRINGE (<i>tbo-filgrastim</i>) | Preferred | PA; SP |
| NEULASTA SUBCUTANEOUS SYRINGE (<i>pegfilgrastim</i>) | Preferred | PA; SP |
| NEUPOGEN INJECTION SOLUTION (<i>filgrastim</i>) | Preferred | PA; SP |
| NEUPOGEN INJECTION SYRINGE (<i>filgrastim-sndz</i>) | Preferred | PA; SP |
| Hematorheologic Agents - Drugs For The Blood | | |
| pentoxifylline oral tablet extended release | Preferred | |
| Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding | | |
| tranexamic acid oral tablet | Preferred | |
| Heparin Flush Formulations - Drugs To Prevent Blood Clots | | |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION (<i>heparin sodium,porcine/pf</i>) | Preferred | |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)</i> | Preferred | |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i> | Preferred | |
| <i>heparin lock flush (porcine) intravenous solution</i> | Preferred | |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE (<i>heparin sodium,porcine/pf</i>) | Preferred | |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i> | Preferred | |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> | Preferred | |
| Heparins - Drugs To Prevent Blood Clots | | |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION (<i>heparin sodium,porcine/pf</i>) | Preferred | |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)</i> | Preferred | |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i> | Preferred | |
| <i>heparin (porcine) injection solution</i> | Preferred | |
| <i>heparin lock flush (porcine) intravenous solution</i> | Preferred | |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE (<i>heparin sodium,porcine/pf</i>) | Preferred | |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i> | Preferred | |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> | Preferred | |
| Low Molecular Weight Heparins - Drugs To Prevent Blood Clots | | |
| enoxaparin subcutaneous syringe | Preferred | FL (3 fills per 180 days) |
| Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood | | |
| BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>) | Preferred | PA |

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|--|-----------|--------------------------------|
| BRILINTA ORAL TABLET 90 MG (ticagrelor) | Preferred | QL (60 EA per 30 days) |
| Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood | | |
| cilostazol oral tablet | Preferred | |
| Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood | | |
| anagrelide oral capsule | Preferred | |
| Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood | | |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE (aspirin) | Preferred | |
| ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) (aspirin) | Preferred | |
| aspirin oral tablet | Preferred | |
| aspirin oral tablet,chewable | Preferred | |
| aspirin oral tablet,delayed release (dr/ec) | Preferred | |
| ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) (aspirin) | Preferred | |
| BAYER ASPIRIN ORAL TABLET (aspirin) | Preferred | |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE (aspirin) | Preferred | |
| EXTRA STRENGTH BAYER ORAL TABLET (aspirin) | Preferred | |
| LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) (aspirin) | Preferred | |
| Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood | | |
| clopidogrel oral tablet 75 mg | Preferred | |
| EFFIENT ORAL TABLET (prasugrel hcl) | Preferred | PA; FL (1 fill per 999 days) |
| prasugrel oral tablet 10 mg | Preferred | PA; FL (1 fill per 999 days) |
| prasugrel oral tablet 5 mg | Preferred | PA; FL (1 fill per 999 days) |
| Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitir - Drugs For The Blood | | |
| dipyridamole oral tablet | Preferred | |
| Sickle Cell Anemia Agents, Others - Drugs For The Blood | | |
| DROXIA ORAL CAPSULE (hydroxyurea) | Preferred | |
| Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots | | |
| PRADAXA ORAL CAPSULE 150 MG (dabigatran etexilate mesylate) | Preferred | QL (60 EA per 30 days) |
| Thrombolytic - Tissue Plasminogen Activators - Drugs For The Blood | | |
| ACTIVASE INTRAVENOUS RECON SOLN (alteplase) | Preferred | PA |
| Thrombopoietin Receptor Agonists - Drugs For The Blood | | |
| NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG (romiplostim) | Preferred | PA; SP |
| PROMACTA ORAL TABLET 25 MG, 50 MG (eltrombopag olamine) | Preferred | PA; SP |

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|--|---------------|--------------------------------|
| Immunosuppressive Agents - Drugs For Organ Transplants | | |
| Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants | | |
| <i>cyclosporine modified oral capsule</i> | Preferred | |
| <i>cyclosporine modified oral solution</i> | Preferred | |
| <i>cyclosporine oral capsule</i> | Non-Preferred | |
| PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>) | Preferred | |
| PROGRAF ORAL CAPSULE 1 MG (<i>tacrolimus</i>) | Preferred | |
| SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>) | Non-Preferred | |
| <i>tacrolimus oral capsule</i> | Preferred | |
| Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants | | |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION (<i>mycophenolate mofetil</i>) | Preferred | |
| <i>mycophenolate mofetil oral capsule</i> | Preferred | |
| <i>mycophenolate mofetil oral tablet</i> | Preferred | |
| <i>mycophenolate sodium oral tablet,delayed release (drlec)</i> | Preferred | |
| Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants | | |
| RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>) | Preferred | PA; SP |
| RAPAMUNE ORAL TABLET (<i>sirolimus</i>) | Preferred | PA; SP |
| <i>sirolimus oral tablet</i> | Preferred | PA; SP |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus</i>) | Preferred | PA; SP |
| Immunosuppressive - Purine Analogs - Drugs For Organ Transplants | | |
| <i>azathioprine</i> (Azasan Oral Tablet) | Non-Preferred | |
| <i>azathioprine oral tablet 50 mg</i> | Preferred | |
| Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| Als Agents - Benzathiazoles - Drugs For Nerves And Muscles | | |
| <i>riluzole oral tablet</i> | Preferred | |
| Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles | | |
| MESTINON ORAL SYRUP (<i>pyridostigmine bromide</i>) | Preferred | |
| <i>pyridostigmine bromide oral syrup</i> | Preferred | PA |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Preferred | |
| <i>pyridostigmine bromide oral tablet extended release</i> | Preferred | PA |
| REGONOL INJECTION SOLUTION (<i>pyridostigmine bromide</i>) | Preferred | PA |
| Musculoskeletal Therapy Agent - Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| EUFLEXXA INTRA-ARTICULAR SYRINGE (<i>hyaluronate sodium</i>) | Preferred | PA |

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|---|---------------|--|
| HYALGAN INTRA-ARTICULAR SOLUTION (<i>hyaluronate sodium</i>) | Preferred | PA; SP |
| HYALGAN INTRA-ARTICULAR SYRINGE (<i>hyaluronate sodium</i>) | Preferred | PA; SP |
| ORTHOVISC INTRA-ARTICULAR SYRINGE (<i>hyaluronate sodium</i>) | Preferred | PA; SP |
| SYNVISC INTRA-ARTICULAR SYRINGE (<i>hylan g-f 20</i>) | Preferred | PA; SP |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE (<i>hylan g-f 20</i>) | Preferred | PA; SP |
| Neuromuscular Blocker - Neurotoxins - Drugs For Nerves And Muscles | | |
| BOTOX COSMETIC INTRAMUSCULAR RECON SOLN 100 UNIT (<i>onabotulinumtoxina</i>) | Preferred | PA; SP |
| BOTOX INJECTION RECON SOLN (<i>onabotulinumtoxina</i>) | Preferred | PA; SP |
| Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | Preferred | |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | Preferred | |
| <i>methocarbamol oral tablet</i> | Preferred | |
| <i>tizanidine oral tablet</i> | Preferred | |
| Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| <i>dantrolene oral capsule</i> | Non-Preferred | |
| Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment | | |
| Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment | | |
| FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>) | Preferred | QL (200 EA per 30 days) |
| FORA V10 STRIP (<i>blood sugar diagnostic</i>) | Preferred | QL (200 EA per 30 days) |
| FORA V30A STRIP (<i>blood sugar diagnostic</i>) | Preferred | QL (200 EA per 30 days) |
| PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>) | Preferred | QL (172 EA per 30 days) |
| Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment | | |
| FC2 FEMALE CONDOM (<i>condoms, female</i>) | Preferred | QL (6 EA per 30 days) |
| Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment | | |
| ACCU-CHEK FASTCLIX LANCING DEV KIT (<i>lancing device/lancets</i>) | Preferred | |
| ACCU-CHEK MULTICLIX LANCET KIT (<i>lancing device/lancets</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| ADJUSTABLE LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| ALTERNATE SITE LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| AUTO-LANCET MINI (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| AUTOLET LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| AUTOLET PLUS LANCING DEVICE (<i>lancing device</i>) | Preferred | |

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|--|-----------|---|
| CAREONE THIN LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| CAREONE ULTRA THIN LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| COMFORT LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| DROPLET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| DROPLET LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| EASY TOUCH LANCETS 28 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| EASY TOUCH TWIST LANCETS 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| E-Z JECT LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| E-Z JECT THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| FORA NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 365 days) |
| FORA PREMIUM V10 GLUCOSE METER (<i>blood-glucose meter</i>) | Preferred | FL (2 fill(s) per 999 day(s)); QL (2 EA per 365 days) |
| FORA V30A KIT (<i>blood-glucose meter</i>) | Preferred | FL (2 fill(s) per 999 days); QL (2 EA per 999 days) |
| INVACARE LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| <i>lancets 21 gauge, 26 gauge, 28 gauge, 33 gauge</i> | Preferred | QL (102 EA per 30 days) |
| LANCETS, SUPER THIN (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| LANCETS, THIN , 23 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| LANCETS, ULTRA THIN (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| <i>lancing device</i> | Preferred | |
| LANCING DEVICE WITH LANCETS (<i>lancing device</i>) | Preferred | |
| LANCING SYSTEM (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| LITE TOUCH LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| LITE TOUCH LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| MEDISENSE THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| MEDLANCE PLUS SPECIAL BLADE (<i>blade lancet, safety</i>) | Preferred | QL (102 EA per 30 days) |
| MICRO THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| MINI LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| MONOLET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| NOVA SUREFLEX LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ON CALL LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| ON CALL PLUS LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| PREMIUM V10 (<i>blood-glucose meter</i>) | Preferred | FL (2 fill(s) per 999 day(s)); QL (2 EA per 999 days) |
| PRODIGY LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| PRODIGY TWIST TOP LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |

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|--|-----------|--|
| RELIAMED TWIST AND CAP LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| SAFETY-LET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SMART SENSE LANCETS 26 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SOLUS V2 LANCING DEVICE KIT (<i>lancing device/lancets</i>) | Preferred | |
| STERILANCE TL (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SUPER THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SURE COMFORT LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SURE COMFORT LANCING PEN (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| SUREFLEX LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| TECHLITE LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| TEST N'GO BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| TOPCARE UNIVERSAL1 LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| TRUEDRAW LANCING DEVICE (<i>lancing device</i>) | Preferred | |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTILET BASIC LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTILET LANCETS 28 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTRA TLC LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET COMFORTOUCH LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET EXCELITE II LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET EXCELITE LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET GP LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET LANCET 28 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET SUPER THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNISTIK 3 NEONATAL DEVICE KIT (<i>lancing device/lancets</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| UNIVERSAL 1 LANCETS 26 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment | | |
| 1ST TIER UNIFINE PENTIPS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| ADVOCATE PEN NEEDLE NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |

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| Medications | Tier | Restrictions (if applicable) |
|--|---------------|---|
| ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 ml) | Preferred | QL (200 EA per 30 days) |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 ml) | Preferred | QL (200 EA per 30 days) |
| ASSURE ID SYR 0.5 ML 29GX1/2" (OTC) (syringe with needle, insulin, safety, 0.5 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) (syringe with needle, insulin, safety, 0.5 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ASSURE ID SYR 1 ML 29GX1/2" (OTC) (syringe with needle, insulin, safety, 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ASSURE ID SYR 1 ML 29GX1/2" (RX) (syringe with needle, insulin, safety, 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE (pen needle, diabetic disposable, safety) | Non-Preferred | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE (syringe with needle,insulin 0.3 ml (half unit mark)) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SAFETY-LOK SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SLIP TIP SYRINGE (syringe without needle,insulin disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD LO-DOSE MICRO-FINE IV SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| BD LO-DOSE ULTRA-FINE SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |

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|---|-----------|---|
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE (syringe with needle,insulin 0.3 ml (half unit mark)) | Preferred | QL (200 EA per 30 days) |
| BD VEO INSULIN SYRINGE UF SYRINGE (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| <i>ca ins syr 0.5 ml 30gx5/16" latex-free, short (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ca insulin syr 0.5 ml 29gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ca insulin syr 1 ml 29gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ca insulin syr 1 ml 30gx5/16" latex-free, short (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| CAREFINE PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| <i>careone syr 0.5 ml 30gx1/2" regular (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>careone syr 0.5 ml 30gx1/2" regular, hri (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>careone syr 1 ml 30gx1/2" regular (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>careone syr 1 ml 30gx1/2" regular, hri (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| CLICKFINE PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| COMFORT EZ INSULIN SYRINGE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |

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|---|---------------|---|
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Non-Preferred | |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE (syringe with needle, insulin, safety, 0.5 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| eql ins syr 1 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| EXEL INSULIN SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| exel u100 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| exel u100 ins syr 1 ml 29gx1/2 (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| FIFTY50 PEN 31G X 5/16" NEEDLE (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| FREESTYLE PRECISION SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| GNP CLICKFINE PEN NDL 31GX5/16 31GX8MM,THIN & SHORT (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| HEALTHY ACCENTS UNIFINE PENTIP NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| INCONTROL PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| insulin syrin 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| insulin syrin 0.5 ml 29gx1/2" latex-free (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| insulin syrin 0.5 ml 30gx1/2" (rx) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| insulin syrin 0.5 ml 30gx1/2" latex-free (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| insulin syrin 0.5 ml 30gx1/2" short needle (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|---|
| <i>insulin syrin 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" hri (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" latex-free, short (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syring 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 29gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx1/2" (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx1/2" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" hri (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" short, latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| INSULIN SYRINGE MICROFINE SYRINGE (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i> | Preferred | QL (200 EA per 30 days) |

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| Medications | Tier | Restrictions (if applicable) |
|---|-----------|---|
| INSUPEN NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| kro ins syrin 0.5 ml 30gx5/16" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| kro ins syring 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| kro ins syringe 1 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| kro ins syringe 1 ml 30gx5/16" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| kro insulin syr 1 ml 30gx5/16" latex-free (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| kroger ins syr 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| kroger ins syr 1 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| KROGER PEN NEEDLES 31G X 5/16" (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| kroger syr 0.5 ml 30gx5/16" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| leader ins syr 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| leader ins syr 0.5 ml 30gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| leader ins syr 1 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| leader ins syr 1 ml 30gx5/16" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| LITE TOUCH INSULIN PEN NEEDLES NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 MIL 28 GAUGE, 1/2 ML 29 , 1/2 MIL 30 GAUGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| LIVE BETTER PEN NEEDLES 8MM 31G (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE (syringe with needle, insulin, safety, 1 ml) | Preferred | QL (200 EA per 30 days) |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 ml) | Preferred | QL (200 EA per 30 days) |
| MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 ml) | Preferred | QL (200 EA per 30 days) |

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|---|---------------|---|
| MAXI-COMFORT INSULIN SYRINGE SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MINI ULTRA-THIN II NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT 1 ML SYRN 28GX1/2" 28GX1/2" (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYR 1 ML (RX) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT SYRINGE 1 ML SOFTPK, REG LUER TIP (RX) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| <i>ms ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ms ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ms ins syringe 1 ml 30gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ms insul syr 0.5 ml 30gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| NOVOFINE 32 NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| NOVOFINE AUTOCOVER NEEDLE (pen needle, diabetic, safety) | Non-Preferred | |

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|---|-----------|---|
| NOVOFINE PLUS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| NOVOTWIST NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| PEN NEEDLE 31G X 3/16" (RX) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PEN NEEDLE 31G X 5/16" (RX) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| <i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32"</i> | Preferred | QL (200 EA per 30 days) |
| <i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i> | Preferred | QL (200 EA per 30 days) |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PENTIPS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| <i>pref plus syr 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>pref plus syring 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>preferred plus 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>prefpls ins syr 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| PRODIGY INSULIN SYRINGE SYRINGE (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| <i>pub ins syringe 1 ml 30gx1/2" regular needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>pub insul syr 0.5 ml 30gx1/2" regular needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| PUB PEN 8MM 31G NEEDLES SHORT LENGTH (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| <i>ra ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ra ins syr 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ra ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ra ins syringe 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| RA PEN NEEDLE 31GX3/16" 5MM (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| RA PEN NEEDLE 31GX5/16" 8MM (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| <i>relion ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|---|
| <i>relion ins syr 1 ml 29gx1/2" latex-free, outer (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 29gx1/2" ltx-fr,29gx1/2,inner (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 30gx5/16" latex-free, outer (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 30gx5/16" latex-free,inner (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| RELION PEN 31G NEEDLE 8MM (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| RELION PEN NEEDLE 31GX5/16" SHORT (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| <i>relion syr 0.5 ml 30gx5/16" latex-free, outer (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion syr 0.5 ml 30gx5/16" latex-free,inner (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>sm ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>sm ins syr 0.5 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>sm ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>sm ins syringe 1 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| SURE COMFORT INS. SYR. U-100 SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| SURE-FINE PEN NEEDLES NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| SURE-JECT INSULIN SYRINGE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| TERUMO INSULIN SYRINGE SYRINGE (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| THINPRO INSULIN SYRINGE SYRINGE (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| TOPCARE CLICKFINE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |

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|---|-----------|---|
| TOPCARE ULTRA COMFORT SYRINGE (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| TRUEPLUS INSULIN SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| <i>ulticare ins safety 1 ml 29x1/2 latex/free (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| <i>ulticare safety 0.5 ml 29gx1/2 latex/free (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| ULTILET INSULIN SYRINGE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| ULTILET PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| UNIFINE PENTIPS NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| UNIFINE PENTIPS PLUS NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |

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|--|---------------|---|
| VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| Medical Supplies And Dme - Male Condoms - Medical Supplies And Durable Medical Equipment | | |
| CONDOMS-PREM LUBRICATED DEVICE (condoms, latex, lubricated) | Preferred | QL (24 EA per 30 days) |
| KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated) | Preferred | FL (1 fill per 999 days); QL (100 EA per 30 days) |
| Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment | | |
| BLOOD PRESSURE KIT KIT (blood pressure test kit) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| blood pressure monitor kit | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| blood pressure test kit-large kit | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| SHARPS CONTAINER (container,empty) | Preferred | FL (1 fill per 999 days); QL (1 EA per 30 days) |
| TABLET CUTTER (medical supply, miscellaneous) | Preferred | FL (1 fill per 999 days); QL (1 EA per 365 days) |
| Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment | | |
| DEVILBISS DISPOSABLE NEBULIZER (nebulizer) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| LC PLUS (nebulizer) | Non-Preferred | |
| Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment | | |
| BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml) | Preferred | QL (200 EA per 30 days) |
| BD LUER-LOK SYRINGE SYRINGE 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE TUBERCULIN SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETY-LOK TUBERCULIN SYRINGE (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD TUBERCULIN SLIP-TIP SYRINGE (syringe, disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH FLURINGE SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH SYRINGE (syringe with needle,disposable, 3 ml) | Preferred | QL (200 EA per 30 days) |

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|--|-----------|--|
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT TB SAFETY SYRINGE SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT TB SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| syringe with needle syringe 1 ml 25 gauge x 1" | Preferred | QL (200 EA per 30 days) |
| TERUMO ALLERGY SYRINGE SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| tuberculin-allergy syringes syringe | Preferred | QL (200 EA per 30 days) |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment | | |
| PEAK AIR PEAK FLOW METER DEVICE (peak flow meter) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| PERSONAL BEST FULL RANGE DEVICE (peak flow meter) | Preferred | QL (200 EA per 30 days) |
| Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment | | |
| A.I.R.S NEBULIZER REPLACEMENT KIT (nebulizer accessories) | Preferred | FL (1 fill per 999 days); QL (1 EA per 180 days) |
| BUBBLES THE FISH PEDI MASK (nebulizer accessories) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories) | Preferred | QL (2 EA per 365 days) |
| OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask) | Preferred | QL (2 EA per 365 days) |

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|--|-----------|---|
| OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>) | Preferred | QL (2 EA per 365 days) |
| OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>) | Preferred | QL (2 EA per 365 days) |
| Medical Supplies And Dme - Urine Glucose Tests - Medical Supplies And Durable Medical Equipment | | |
| DAIStIX STRIP (<i>urine glucose test strip</i>) | Preferred | |
| Medical Supplies And Dme - Urine Glucose-Acetone Combination Tests - Medical Supplies And Durable Medical Equipment | | |
| KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>) | Preferred | |
| Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment | | |
| KETONE CARE STRIP (<i>urine acetone test, strips</i>) | Preferred | QL (102 EA per 30 days) |
| KETONE URINE TEST STRIP (<i>urine acetone test, strips</i>) | Preferred | QL (102 EA per 30 days) |
| KETOSTIX STRIP (<i>urine acetone test, strips</i>) | Preferred | QL (102 EA per 30 days) |
| TRUEPLUS KETONE STRIP (<i>urine acetone test, strips</i>) | Preferred | QL (102 EA per 30 days) |
| Medical Supply, Fdb Superset | | |
| Medical Supply, Fdb Superset | | |
| 1ST TIER UNIFINE PENTIPS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| A.I.R.S NEBULIZER REPLACEMENT KIT (<i>nebulizer accessories</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 180 days) |
| ACCU-CHEK FASTCLIX LANCING DEV KIT (<i>lancing device/lancets</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| ACCU-CHEK MULTICLIX LANCET KIT (<i>lancing device/lancets</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| ADJUSTABLE LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| ADVOCATE PEN NEEDLE NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ALTERNATE SITE LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ASSURE ID SYR 0.5 ML 29GX1/2" (OTC) (<i>syringe with needle, insulin, safety, 0.5 ml</i>) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) (syringe with needle, insulin, safety, 0.5 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ASSURE ID SYR 1 ML 29GX1/2" (OTC) (syringe with needle, insulin, safety, 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ASSURE ID SYR 1 ML 29GX1/2" (RX) (syringe with needle, insulin, safety, 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| AUTO-LANCET MINI (lancing device) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| AUTOLET LANCING DEVICE (lancing device) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| AUTOLET PLUS LANCING DEVICE (lancing device) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE (pen needle, diabetic disposable, safety) | Non-Preferred | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE (syringe with needle,insulin 0.3 ml (half unit mark)) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SAFETY-LOK SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SLIP TIP SYRINGE (syringe without needle,insulin disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| BD LO-DOSE MICRO-FINE IV SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| BD LO-DOSE ULTRA-FINE SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml) | Preferred | QL (200 EA per 30 days) |
| BD LUER-LOK SYRINGE SYRINGE 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|---|
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETYGLIDE TUBERCULIN SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD SAFETY-LOK TUBERCULIN SYRINGE (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD TUBERCULIN SLIP-TIP SYRINGE (syringe, disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE (syringe with needle,insulin 0.3 ml (half unit mark)) | Preferred | QL (200 EA per 30 days) |
| BD VEO INSULIN SYRINGE UF SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| BLOOD PRESSURE KIT KIT (blood pressure test kit) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| blood pressure monitor kit | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| blood pressure test kit-large kit | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| BUBBLES THE FISH PEDI MASK (nebulizer accessories) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| ca ins syr 0.5 ml 30gx5/16" latex-free, short (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ca insulin syr 0.5 ml 29gx1/2" latex-free (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ca insulin syr 1 ml 29gx1/2" latex-free (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ca insulin syr 1 ml 30gx5/16" latex-free, short (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| CAREFINE PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| careone syr 0.5 ml 30gx1/2" regular (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| careone syr 0.5 ml 30gx1/2" regular, hri (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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|---|---------------|---|
| careone syr 1 ml 30gx1/2" regular (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| careone syr 1 ml 30gx1/2" regular, hri (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| CAREONE THIN LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| CAREONE ULTRA THIN LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| CLICKFINE PEN NEEDLE NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| COMFORT EZ INSULIN SYRINGE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| COMFORT EZ PEN NEEDLES NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| COMFORT LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| CONDOMS-PREM LUBRICATED DEVICE (<i>condoms, latex, lubricated</i>) | Preferred | QL (24 EA per 30 days) |
| DEVILBISS DISPOSABLE NEBULIZER (<i>nebulizer</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| DASTIX STRIP (<i>urine glucose test strip</i>) | Preferred | |
| DROPLET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| DROPLET LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>) | Non-Preferred | |
| EASY TOUCH FLURINGE SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE (syringe with needle, insulin, safety, 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |

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|--|-----------|---|
| EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH LANCETS 28 GAUGE (lancets) | Preferred | QL (102 EA per 30 days) |
| EASY TOUCH NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH SYRINGE (syringe with needle,disposable, 3 ml) | Preferred | QL (200 EA per 30 days) |
| EASY TOUCH TWIST LANCETS 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets) | Preferred | QL (102 EA per 30 days) |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| eqi ins syr 1 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| EXEL INSULIN SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| exel u100 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| exel u100 ins syr 1 ml 29gx1/2 (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| E-Z JECT LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| E-Z JECT THIN LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| FC2 FEMALE CONDOM (condoms, female) | Preferred | QL (6 EA per 30 days) |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| FIFTY50 PEN 31G X 5/16" NEEDLE (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | Preferred | FL (1 fill per 999 days); QL (1 EA per 365 days) |
| FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter) | Preferred | FL (2 fill(s) per 999 day(s)); QL (2 EA per 365 days) |
| FORA V30A KIT (blood-glucose meter) | Preferred | FL (2 fill(s) per 999 days); QL (2 EA per 999 days) |
| FORA V30A STRIP (blood sugar diagnostic) | Preferred | QL (100 EA per 30 days) |
| FREESTYLE PRECISION SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| GNP CLICKFINE PEN NDL 31GX5/16 31GX8MM,THIN & SHORT (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| HEALTHY ACCENTS UNIFINE PENTIP NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| INCONTROL PEN NEEDLE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| insulin syrin 0.5 ml 29gx1/2" (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| insulin syrin 0.5 ml 29gx1/2" latex-free (otc) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| insulin syrin 0.5 ml 30gx1/2" (rx) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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|--|-----------|---|
| <i>insulin syrin 0.5 ml 30gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx1/2" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" hri (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" latex-free, short (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syrin 0.5 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syring 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 29gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx1/2" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx1/2" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" hri (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>insulin syringe 1 ml 30gx5/16" short, latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| INSULIN SYRINGE MICROFINE SYRINGE (<i>syringe with needle,insulin,0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |

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|---|---------------|---|
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i> | Preferred | QL (200 EA per 30 days) |
| INSUPEN NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| INVACARE LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>) | Preferred | |
| KETONE CARE STRIP (<i>urine acetone test,strips</i>) | Preferred | QL (102 EA per 30 days) |
| KETONE URINE TEST STRIP (<i>urine acetone test,strips</i>) | Preferred | QL (102 EA per 30 days) |
| KETOSTIX STRIP (<i>urine acetone test,strips</i>) | Preferred | QL (102 EA per 30 days) |
| KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>) | Preferred | FL (1 fill per 999 days); QL (100 EA per 30 days) |
| <i>kro ins syrin 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>kro ins syring 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>kro ins syringe 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>kro ins syringe 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>kro insulin syr 1 ml 30gx5/16" latex-free (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>kroger ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>kroger ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| KROGER PEN NEEDLES 31G X 5/16" (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| <i>kroger syr 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>lancets 21 gauge, 26 gauge, 28 gauge, 33 gauge</i> | Preferred | QL (102 EA per 30 days) |
| LANCETS, SUPER THIN (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| LANCETS, THIN , 23 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| LANCETS, ULTRA THIN (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| <i>lancing device</i> | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| LANCING DEVICE WITH LANCETS (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| LANCING SYSTEM (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| LC PLUS (<i>nebulizer</i>) | Non-Preferred | |

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|---|-----------|---|
| <i>leader ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>leader ins syr 0.5 ml 30gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>leader ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>leader ins syr 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| LITE TOUCH INSULIN PEN NEEDLES NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| LITE TOUCH LANCETS 30 GAUGE, 33 GAUGE (lancets) | Preferred | QL (102 EA per 30 days) |
| LITE TOUCH LANCING DEVICE (lancing device) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| LIVE BETTER PEN NEEDLES 8MM 31G (OTC) (pen needle, diabetic) | Preferred | FL (1 fill per 999 days) |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE (syringe with needle, insulin, safety, 0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MAGELLAN SYRINGE SYRINGE (syringe with needle, insulin, safety, 0.3 ml) | Preferred | QL (200 EA per 30 days) |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| MEDISENSE THIN LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| MEDLANCE PLUS SPECIAL BLADE (blade lancet, safety) | Preferred | QL (102 EA per 30 days) |
| MICRO THIN LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| MINI LANCING DEVICE (lancing device) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| MINI ULTRA-THIN II NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT 1 ML SYRN 28GX1/2" 28GX1/2" (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYR 1 ML (RX) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT SYRINGE 1 ML SOFTPK, REG LUER TIP (RX) (syringe with needle,disposable,insulin 1 ml) | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT TB SAFETY SYRINGE SYRINGE (syringe,safety with needle,1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT TB SYRINGE (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| MONOLET LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| <i>ms ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ms ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ms ins syringe 1 ml 30gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ms insul syr 0.5 ml 30gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| NOVA SUREFLEX LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| NOVOFINE 32 NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| NOVOFINE AUTOCOVER NEEDLE (pen needle, diabetic, safety) | Non-Preferred | |
| NOVOFINE PLUS NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |

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|--|-----------|---|
| NOVOTWIST NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| ON CALL LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| ON CALL PLUS LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>) | Preferred | QL (2 EA per 365 days) |
| OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>) | Preferred | QL (2 EA per 365 days) |
| OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>) | Preferred | QL (2 EA per 365 days) |
| OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>) | Preferred | QL (2 EA per 365 days) |
| PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| PEN NEEDLE 31G X 3/16" (RX) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PEN NEEDLE 31G X 5/16" (RX) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| <i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32"</i> | Preferred | QL (200 EA per 30 days) |
| <i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i> | Preferred | QL (200 EA per 30 days) |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| PENTIPS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>) | Preferred | QL (200 EA per 30 days) |
| <i>pref plus syr 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>pref plus syring 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>preferred plus 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>prefpls ins syr 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| PREMIUM V10 (<i>blood-glucose meter</i>) | Preferred | FL (2 fill(s) per 999 day(s)); QL (2 EA per 999 days) |
| PRODIGY INSULIN SYRINGE SYRINGE (<i>syringe with needle,insulin,0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| PRODIGY LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |

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|--|-----------|---|
| PRODIGY TWIST TOP LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| <i>pub ins syringe 1 ml 30gx1/2" regular needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>pub insul syr 0.5 ml 30gx1/2" regular needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| PUB PEN 8MM 31G NEEDLES SHORT LENGTH (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| <i>ra ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ra ins syr 0.5 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ra ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ra ins syringe 1 ml 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| RA PEN NEEDLE 31GX3/16" 5MM (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| RA PEN NEEDLE 31GX5/16" 8MM (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| RELIAMED TWIST AND CAP LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| <i>relion ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 29gx1/2" latex-free, outer (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 29gx1/2" Itx-fr,29gx1/2,inner (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 30gx5/16" latex-free, outer (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion ins syr 1 ml 30gx5/16" latex-free,inner (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| RELION PEN 31G NEEDLE 8MM (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| RELION PEN NEEDLE 31GX5/16" SHORT (OTC) (<i>pen needle, diabetic</i>) | Preferred | FL (1 fill per 999 days) |
| <i>relion syr 0.5 ml 30gx5/16" latex-free, outer (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>relion syr 0.5 ml 30gx5/16" latex-free,inner (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| SAFETY-LET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SHARPS CONTAINER (<i>container,empty</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 30 days) |
| <i>sm ins syr 0.5 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |

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|---|-----------|---|
| <i>sm ins syr 0.5 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>sm ins syr 1 ml 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>sm ins syringe 1 ml 30gx5/16" short needle (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| SMART SENSE LANCETS 26 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SOLUS V2 LANCING DEVICE KIT (<i>lancing device</i> <i>lancets</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| STERILANCE TL (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SUPER THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SURE COMFORT INS. SYR. U-100 SYRINGE (<i>syringe with needle,insulin,0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 MIL 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| SURE COMFORT LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| SURE COMFORT LANCING PEN (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| SURE COMFORT PEN NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| SURE-FINE PEN NEEDLES NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| SUREFLEX LANCING DEVICE (<i>lancing device</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| SURE-JECT INSULIN SYRINGE SYRINGE (<i>syringe with needle,insulin,0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| <i>syringe with needle syringe 1 ml 25 gauge x 1"</i> | Preferred | QL (200 EA per 30 days) |
| TABLET CUTTER (<i>medical supply, miscellaneous</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 365 days) |
| TECHLITE LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| TERUMO ALLERGY SYRINGE SYRINGE (<i>syringe with needle,disposable, 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| TERUMO INSULIN SYRINGE SYRINGE (<i>syringe with needle,disposable,insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |

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|---|-----------|---|
| TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| THIN LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| THINPRO INSULIN SYRINGE SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| TOPCARE CLICKFINE NEEDLE (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| TOPCARE ULTRA COMFORT SYRINGE (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| TOPCARE UNIVERSAL1 LANCET (lancets) | Preferred | QL (102 EA per 30 days) |
| TRUEDRAW LANCING DEVICE (lancing device) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| TRUEPLUS INSULIN SYRINGE (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| TRUEPLUS KETONE STRIP (urine acetone test,strips) | Preferred | QL (102 EA per 30 days) |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Preferred | QL (102 EA per 30 days) |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| <i>tuberculin-allergy syringes syringe</i> | Preferred | QL (200 EA per 30 days) |
| <i>ulticare ins safety 1 ml 29x1/2 latex/free (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Preferred | QL (200 EA per 30 days) |
| <i>ulticare safety 0.5 ml 29gx1/2 latex/free (rx)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| <i>ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc)</i> | Preferred | FL (1 fill per 999 days); QL (200 EA per 23 days) |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml) | Preferred | QL (200 EA per 30 days) |
| ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml) | Preferred | QL (200 EA per 30 days) |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml) | Preferred | QL (200 EA per 30 days) |
| ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml) | Preferred | QL (200 EA per 30 days) |
| ULTILET BASIC LANCETS (lancets) | Preferred | QL (102 EA per 30 days) |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE (lancets) | Preferred | QL (102 EA per 30 days) |

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|--|-----------|--|
| ULTILET INSULIN SYRINGE SYRINGE (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ULTILET LANCETS 28 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTILET PEN NEEDLE NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTRA TLC LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.3 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16" (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| UNIFINE PENTIPS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| UNIFINE PENTIPS PLUS NEEDLE (<i>pen needle, diabetic</i>) | Preferred | QL (200 EA per 30 days) |
| UNILET COMFORTOUCH LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET EXCELITE II LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET EXCELITE LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET GP LANCET (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET LANCET 28 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNILET SUPER THIN LANCETS (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| UNISTIK 3 NEONATAL DEVICE KIT (<i>lancing device/lancets</i>) | Preferred | FL (1 fill per 999 days); QL (1 EA per 999 days) |
| UNIVERSAL 1 LANCETS 26 GAUGE (<i>lancets</i>) | Preferred | QL (102 EA per 30 days) |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>) | Preferred | QL (200 EA per 30 days) |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe with needle, disposable, 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, disposable, insulin 1 ml</i>) | Preferred | QL (200 EA per 30 days) |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE (<i>syringe with needle, disposable, 1 ml</i>) | Preferred | QL (200 EA per 30 days) |

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|--|-----------|---|
| Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease | | |
| <i>Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs For Metabolic Disease</i> | | |
| FABRAZYME INTRAVENOUS RECON SOLN (<i>agalsidase beta</i>) | Preferred | PA; SP |
| <i>Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs For Metabolic Disease</i> | | |
| ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>) | Preferred | PA; SP |
| Metabolic Modifiers - Drugs That Alter Metabolism | | |
| <i>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism</i> | | |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | Preferred | PA |
| <i>calcitriol oral capsule</i> | Preferred | |
| <i>calcitriol oral solution</i> | Preferred | PA |
| <i>paricalcitol oral capsule</i> | Preferred | PA |
| <i>Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism</i> | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION (<i>levocarnitine</i>) | Preferred | |
| <i>levocarnitine (with sugar) oral solution</i> | Preferred | |
| <i>levocarnitine 330 mg tablet (rx)</i> | Preferred | FL (O) |
| <i>levocarnitine 330 mg tablet usp (rx)</i> | Preferred | FL (F) |
| <i>levocarnitine oral tablet 330 mg</i> | Preferred | |
| Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat | | |
| <i>Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat</i> | | |
| DENTA 5000 PLUS DENTAL CREAM (<i>fluoride (sodium)</i>) | Preferred | |
| DENTAGEL DENTAL GEL (<i>fluoride (sodium)</i>) | Preferred | |
| <i>fluoride (sodium) oral drops</i> | Preferred | QL (300 ML per 100 days); AL (Max 16 Years) |
| <i>fluoride (sodium) oral tablet, chewable</i> | Preferred | QL (190 EA per 100 days); AL (Max 16 Years) |
| LUDENT FLUORIDE ORAL TABLET,CHEWABLE (<i>fluoride (sodium)</i>) | Preferred | QL (190 EA per 100 days); AL (Max 16 Years) |
| PHOS-FLUR DENTAL SOLUTION (<i>fluoride (sodium)</i>) | Preferred | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (<i>fluoride (sodium)</i>) | Preferred | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>fluoride (sodium)</i>) | Preferred | |
| SF 5000 PLUS DENTAL CREAM (<i>fluoride (sodium)</i>) | Preferred | |
| SF DENTAL GEL (<i>fluoride (sodium)</i>) | Preferred | |
| <i>Mouth And Throat - Antifungals - Drugs For The Mouth And Throat</i> | | |
| <i>clotrimazole mucous membrane troche</i> | Preferred | |

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|---|-----------|--------------------------------|
| <i>nystatin oral suspension</i> | Preferred | |
| Mouth And Throat - Anti-Infective-Local Anesthetic Combinations - Drugs For The Mouth And Throat | | |
| ORASEP MUCOUS MEMBRANE SPRAY, NON-AEROSOL (<i>benzocaine/menthol/cetylpyridinium chloride</i>) | Preferred | |
| Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat | | |
| <i>chlorhexidine gluconate mucous membrane mouthwash</i> | Preferred | |
| <i>chlorhexidine gluconate</i> (Paroex Oral Rinse Mucous Membrane Mouthwash) | Preferred | |
| Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat | | |
| <i>triamcinolone acetonide</i> (Oralone Dental Paste) | Preferred | |
| <i>triamcinolone acetonide dental paste</i> | Preferred | |
| Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat | | |
| <i>lidocaine hcl mucous membrane jelly</i> | Preferred | |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | Preferred | |
| <i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution) | Preferred | |
| Mouth And Throat - Local Anesthetic Esters - Drugs For The Mouth And Throat | | |
| ANBESOL (BENZOCAINE) MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| ANESTHETIC ORAL GEL MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| INTENSE TOOTHACHE PAIN RELIEF MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| ORAL ANALGESIC MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| ORAL ANESTHETIC MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| ORAL PAIN RELIEF MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| ZILACTIN-B MUCOUS MEMBRANE GEL (<i>benzocaine</i>) | Preferred | |
| Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat | | |
| <i>pilocarpine hcl oral tablet 5 mg</i> | Preferred | QL (180 EA per 30 days) |
| Multiple Sclerosis Agents - Drugs For The Nervous System | | |
| <i>Leukocyte Adhesion Inhibitors, Alpha4-Mediated, IgG4k Mc Antibody - Drugs For Multiple Sclerosis</i> | | |
| TYSSABRI INTRAVENOUS SOLUTION (<i>natalizumab</i>) | Preferred | PA; SP; PL |
| <i>Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis</i> | | |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR (<i>ofatumumab</i>) | Preferred | PA; SP; PL |
| OCREVUS INTRAVENOUS SOLUTION (<i>ocrelizumab</i>) | Preferred | PA; SP |
| <i>Multiple Sclerosis Agent - Cd52 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis</i> | | |
| LEMTRADA INTRAVENOUS SOLUTION (<i>alemtuzumab</i>) | Preferred | PA; SP |

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|--|---------------|--------------------------------|
| Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT (<i>interferon beta-1a</i>) | Preferred | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE KIT (<i>interferon beta-1a</i>) | Preferred | PA; SP |
| BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>) | Preferred | PA; SP |
| EXTAVIA SUBCUTANEOUS RECON SOLN (<i>interferon beta-1b</i>) | Preferred | PA; SP |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE (<i>interferon beta-1a/albumin human</i>) | Preferred | PA; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE (<i>interferon beta-1a/albumin human</i>) | Preferred | PA; SP |
| Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis | | |
| COPAXONE SUBCUTANEOUS SYRINGE (<i>glatiramer acetate</i>) | Non-Preferred | SP |
| <i>glatiramer subcutaneous syringe</i> | Preferred | PA; PL |
| <i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe) | Preferred | PA; PL |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) (<i>dimethyl fumarate</i>) | Preferred | PA; SP; QL (60 EA per 30 days) |
| VUMERTY ORAL CAPSULE,DELAYED RELEASE(DR/EC) (<i>diroxime fumarate</i>) | Preferred | PA; QL (120 EA per 30 days) |
| Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR (<i>dalfampridine</i>) | Preferred | PA; SP |
| Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis | | |
| AUBAGIO ORAL TABLET (<i>teriflunomide</i>) | Preferred | PA; SP |
| Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis | | |
| GILENYA ORAL CAPSULE 0.5 MG (<i> fingolimod hcl</i>) | Preferred | PA; SP |
| Ophthalmic Agents - Drugs For The Eye | | |
| Artificial Tears And Lubricant Combinations - Drugs For The Eye | | |
| ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS (<i>dextran 70/hypromellose</i>) | Non-Preferred | |
| ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC (EYE) DROPS (<i>glycerin/propylene glycol</i>) | Preferred | |
| ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS (<i>polyethylene glycol 400/hypromellose/glycerin</i>) | Preferred | |
| DRY EYE RELIEF OPHTHALMIC (EYE) DROPS (<i>polyethylene glycol 400/hypromellose/glycerin</i>) | Preferred | |
| LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS (<i>glycerin/propylene glycol</i>) | Preferred | |
| LUBRICANT EYE (CMC-GLYCER)(PF) OPHTHALMIC (EYE) DROPPERETTE (<i>carboxymethylcellulose sodium/glycerin/pf</i>) | Preferred | |

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| LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS (carboxymethylcellulose sodium/glycerin) | Preferred | |
| LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS (propylene glycol/polyethylene glycol 400) | Preferred | |
| LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE (propylene glycol/polyethylene glycol 400/pf) | Preferred | |
| LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (mineral oil/petrolatum,white) | Preferred | |
| REFRESH OPTIVE OPHTHALMIC (EYE) DROPS,GEL (carboxymethylcellulose sodium/glycerin) | Preferred | |
| SYSTANE GEL OPHTHALMIC (EYE) DROPS,GEL (propylene glycol/polyethylene glycol 400) | Preferred | |
| ULTRA LUBRICANT EYE OPHTHALMIC (EYE) DROPS (propylene glycol/polyethylene glycol 400) | Preferred | |
| VISINE TIRED EYE RELIEF OPHTHALMIC (EYE) DROPS (polyethylene glycol 400/hypromellose/glycerin) | Preferred | |
| Artificial Tears And Lubricant Single Agents - Drugs For The Eye | | |
| ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS (polyvinyl alcohol) | Preferred | |
| EQ GENTLE OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| GENTEAL TEARS SEVERE GEL OPHTHALMIC (EYE) GEL (hypromellose) | Preferred | |
| GONAK OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| GONIOTAIRE OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| GONIOVISC OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| ISOPTO TEARS OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE (carboxymethylcellulose sodium) | Preferred | |
| LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS (carboxymethylcellulose sodium) | Preferred | |
| LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE (carboxymethylcellulose sodium) | Preferred | |
| MOISTURIZING LUBRICANT OPHTHALMIC (EYE) DROPS 0.25 % (carboxymethylcellulose sodium) | Preferred | |
| <i>polyvinyl alcohol ophthalmic (eye) drops</i> | Preferred | |
| REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL (carboxymethylcellulose sodium) | Preferred | |
| RESTORE TEARS OPHTHALMIC (EYE) DROPS (carboxymethylcellulose sodium) | Preferred | |
| RETAINÉ HPMC (PF) OPHTHALMIC (EYE) DROPS (hypromellose/pf) | Preferred | |
| SYSTANE GEL OPHTHALMIC (EYE) GEL (hypromellose) | Preferred | |

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| ULTRA FRESH OPHTHALMIC (EYE) DROPS <i>(carboxymethylcellulose sodium)</i> | Preferred | |
| Miotics - Direct Acting - Drugs For Glaucoma | | |
| MIOSTAT INTRAOCULAR SOLUTION (<i>carbachol</i>) | Preferred | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | Preferred | |
| Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma | | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION <i>(brinzolamide/brimonidine tartrate)</i> | Preferred | |
| Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories | | |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION <i>(sulfacetamide sodium/prednisolone acetate)</i> | Preferred | |
| <i>sulfacetamide sodium/prednisolone acetate</i> (Blephamide S.O.P. Ophthalmic (Eye) Ointment) | Preferred | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i> | Preferred | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i> | Preferred | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i> | Preferred | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i> | Preferred | |
| PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION (<i>gentamicin sulfate/prednisolone acetate</i>) | Preferred | |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT (<i>gentamicin sulfate/prednisolone acetate</i>) | Preferred | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops</i> | Preferred | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT <i>(tobramycin/dexamethasone)</i> | Preferred | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i> | Preferred | |
| Ophthalmic - Anticholinergics - Drugs For The Eye | | |
| <i>atropine ophthalmic (eye) drops</i> | Preferred | |
| <i>atropine ophthalmic (eye) ointment</i> | Preferred | |
| <i>cyclopentolate hcl</i> (Cyclogyl Ophthalmic (Eye) Drops 0.5 %) | Preferred | |
| <i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i> | Preferred | |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS (<i>homatropine hbr</i>) | Preferred | |
| <i>tropicamide ophthalmic (eye) drops</i> | Preferred | |
| Ophthalmic - Antihistamine-Decongestant Combinations - Drugs For Itchy Eye | | |
| EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS (<i>naphazoline hcl/pheniramine maleate</i>) | Preferred | |
| NAPHCON-A OPHTHALMIC (EYE) DROPS (<i>naphazoline hcl/pheniramine maleate</i>) | Preferred | |

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|--|---------------|--------------------------------|
| Ophthalmic - Antihistamines - Drugs For Itchy Eye | | |
| ALAWAY OPHTHALMIC (EYE) DROPS (ketotifen fumarate) | Preferred | QL (10 ML per 30 days) |
| ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS (ketotifen fumarate) | Preferred | QL (10 ML per 30 days) |
| azelastine ophthalmic (eye) drops | Preferred | |
| CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS (ketotifen fumarate) | Preferred | |
| EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS (ketotifen fumarate) | Preferred | QL (10 ML per 30 days) |
| ketotifen fumarate ophthalmic (eye) drops | Preferred | QL (10 ML per 30 days) |
| olopatadine ophthalmic (eye) drops 0.1 % | Preferred | PA; QL (5 ML per 30 days) |
| WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS (ketotifen fumarate) | Preferred | QL (10 ML per 30 days) |
| Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION (loteprednol etabonate) | Preferred | PA |
| dexamethasone sodium phosphate ophthalmic (eye) drops | Preferred | |
| fluorometholone ophthalmic (eye) drops,suspension | Preferred | |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION (fluorometholone) | Preferred | |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT (fluorometholone) | Preferred | |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL (loteprednol etabonate) | Preferred | PA; QL (5 GM per 30 days) |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION (loteprednol etabonate) | Preferred | PA; QL (5 ML per 30 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT (loteprednol etabonate) | Preferred | PA |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION (dexamethasone) | Non-Preferred | |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION (prednisolone acetate) | Preferred | |
| prednisolone acetate ophthalmic (eye) drops,suspension | Preferred | |
| prednisolone sodium phosphate ophthalmic (eye) drops | Preferred | |
| Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories | | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS (cyclosporine) | Preferred | QL (5.5 ML per 30 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE (cyclosporine) | Preferred | QL (60 EA per 30 days) |
| Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories | | |
| diclofenac sodium ophthalmic (eye) drops | Preferred | |
| flurbiprofen sodium ophthalmic (eye) drops | Preferred | |
| ketorolac ophthalmic (eye) drops | Preferred | |

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|--|---------------|--------------------------------|
| Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma | | |
| COMBIGAN OPHTHALMIC (EYE) DROPS (brimonidine tartrate/timolol maleate) | Preferred | |
| Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma | | |
| dorzolamide-timolol ophthalmic (eye) drops | Preferred | |
| Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma | | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION (brinzolamide) | Non-Preferred | |
| brinzolamide ophthalmic (eye) drops,suspension | Preferred | |
| dorzolamide ophthalmic (eye) drops | Preferred | |
| Ophthalmic - Decongestants - Drugs For Itchy Eye | | |
| phenylephrine hcl ophthalmic (eye) drops | Preferred | |
| Ophthalmic - Gonioscopic Solutions - Drugs For The Eye | | |
| GONAK OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| GONIOTAIRE OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| GONIOVISC OPHTHALMIC (EYE) DROPS (hypromellose) | Preferred | |
| Ophthalmic - Hyperosmolar Agents - Drugs For The Eye | | |
| sodium chloride ophthalmic (eye) drops | Preferred | PA |
| sodium chloride ophthalmic (eye) ointment | Preferred | PA |
| Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma | | |
| betaxolol ophthalmic (eye) drops | Preferred | |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol) | Preferred | |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION (betaxolol hcl) | Preferred | |
| carteolol ophthalmic (eye) drops | Preferred | |
| levobunolol ophthalmic (eye) drops 0.5 % | Preferred | |
| timolol maleate ophthalmic (eye) drops | Preferred | |
| timolol maleate ophthalmic (eye) gel forming solution | Preferred | |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE (timolol maleate/pf) | Preferred | |
| Ophthalmic - Local Anesthetic Esters - Drugs For The Eye | | |
| proparacaine ophthalmic (eye) drops | Preferred | |
| Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs For The Eye | | |
| bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml | Preferred | PA; SP |
| Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye | | |
| cromolyn ophthalmic (eye) drops | Preferred | |

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| Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories | | |
| bacitracin/polymyxin b sulfate (Ak-Poly-Bac Ophthalmic (Eye) Ointment) | Preferred | |
| bacitracin-polymyxin b ophthalmic (eye) ointment | Preferred | |
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment | Preferred | |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops | Preferred | |
| bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment) | Preferred | |
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops | Preferred | |
| Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories | | |
| gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment) | Preferred | |
| gentamicin ophthalmic (eye) drops | Preferred | |
| tobramycin ophthalmic (eye) drops | Preferred | |
| TOBREX OPHTHALMIC (EYE) OINTMENT (tobramycin) | Preferred | |
| Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories | | |
| bacitracin ophthalmic (eye) ointment | Preferred | |
| Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories | | |
| ciprofloxacin hcl ophthalmic (eye) drops | Preferred | |
| MOXEZA OPHTHALMIC (EYE) DROPS, VISCOSUS (moxifloxacin hcl) | Preferred | ST |
| moxifloxacin ophthalmic (eye) drops | Preferred | |
| ofloxacin ophthalmic (eye) drops | Preferred | |
| VIGAMOX OPHTHALMIC (EYE) DROPS (moxifloxacin hcl) | Preferred | ST |
| Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories | | |
| erythromycin ophthalmic (eye) ointment | Preferred | |
| Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories | | |
| sulfacetamide sodium ophthalmic (eye) drops | Preferred | |
| sulfacetamide sodium ophthalmic (eye) ointment | Preferred | |
| Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION (natamycin) | Preferred | |
| Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION (natamycin) | Preferred | |
| Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories | | |
| trifluridine ophthalmic (eye) drops | Preferred | |

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| Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (brimonidine tartrate) | Preferred | |
| apraclonidine ophthalmic (eye) drops | Preferred | |
| brimonidine ophthalmic (eye) drops | Preferred | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE (apraclonidine hcl) | Preferred | |
| Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma | | |
| latanoprost ophthalmic (eye) drops | Preferred | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost) | Preferred | |
| Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma | | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS (netarsudil mesylate) | Preferred | |
| Vascular Endothelial Growth Factor (Vegf-A) Receptor Antagonists - Drugs For The Eye | | |
| bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml | Preferred | PA; SP |
| Otic (Ear) - Drugs For The Ear | | |
| Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories | | |
| CIPRODEX OTIC (EAR) DROPS,SUSPENSION (ciprofloxacin hcl/dexamethasone) | Preferred | ST |
| neomycin-polymyxin-hc otic (ear) drops,suspension | Preferred | |
| neomycin-polymyxin-hc otic (ear) solution | Preferred | |
| Otic (Ear) - Anti-Infectives Other - Antibiotics | | |
| acetic acid otic (ear) solution | Preferred | |
| Otic (Ear) - Fluoroquinolones - Antibiotics | | |
| ofloxacin otic (ear) drops | Preferred | |
| Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories | | |
| hydrocortisone-acetic acid otic (ear) drops | Preferred | |
| Respiratory Therapy Agents - Drugs For The Lungs | | |
| 1St Gen Antihistamine-Decongestant-Nsaid Analgesic, Cox Non-Specific - Drugs For Cough And Cold | | |
| ADVIL ALLERGY SINUS ORAL TABLET (chlorpheniramine maleate/pseudoephedrine hcl/ibuprofen) | Preferred | |
| 1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold | | |
| APRODINE ORAL TABLET (triprolidine hcl/pseudoephedrine hcl) | Preferred | |
| CHILD WAL-TAP COLD-ALLERGY ORAL SOLUTION (brompheniramine maleate/phenylephrine hcl) | Preferred | |

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| CHILDREN'S COLD-ALLERGY (PE) ORAL SOLUTION <i>(brompheniramine maleate/phenylephrine hcl)</i> | Preferred | |
| CHILDREN'S DIBROMM COLD-ALLERG ORAL SOLUTION <i>(brompheniramine maleate/phenylephrine hcl)</i> | Preferred | |
| <i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup) | Preferred | FL (2 to 6 years - 1 fill per 365 days); QL (240 ML per 1 day); AL (Min 2 Years) |
| RYNEX PE ORAL SOLUTION <i>(brompheniramine maleate/phenylephrine hcl)</i> | Preferred | |
| RYNEX PSE ORAL LIQUID <i>(brompheniramine maleate/pseudoephedrine hcl)</i> | Preferred | |
| VALU-TAPP ORAL LIQUID <i>(brompheniramine maleate/pseudoephedrine hcl)</i> | Preferred | |
| WAL-ACT D COLD AND ALLERGY ORAL TABLET <i>(triprolidine hcl/pseudoephedrine hcl)</i> | Preferred | |
| WAL-TAP ORAL SOLUTION <i>(brompheniramine maleate/phenylephrine hcl)</i> | Preferred | |
| 2Nd Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold | | |
| ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR <i>(cetirizine hcl/pseudoephedrine hcl)</i> | Preferred | |
| ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR <i>(cetirizine hcl/pseudoephedrine hcl)</i> | Preferred | |
| ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY RELIEF-D (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HR <i>(cetirizine hcl/pseudoephedrine hcl)</i> | Preferred | |
| ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| ALLERGY RELIEF-D(FEXOFENADINE) ORAL TABLET EXTENDED RELEASE 12 HR <i>(fexofenadine hcl/pseudoephedrine hcl)</i> | Preferred | PA |
| ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|---|-----------|--------------------------------|
| ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HR <i>(cetirizine hcl/pseudoephedrine hcl)</i> | Preferred | |
| CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HR <i>(cetirizine hcl/pseudoephedrine hcl)</i> | Preferred | |
| cetirizine-pseudoephedrine oral tablet extended release 12 hr | Preferred | |
| fexofenadine-pseudoephedrine oral tablet extended release 12 hr | Preferred | PA |
| LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| WAL-FEX D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR <i>(fexofenadine hcl/pseudoephedrine hcl)</i> | Preferred | PA |
| WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR <i>(fexofenadine hcl/pseudoephedrine hcl)</i> | Preferred | PA |
| WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR <i>(loratadine/pseudoephedrine sulfate)</i> | Preferred | |
| WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HR <i>(cetirizine hcl/pseudoephedrine hcl)</i> | Preferred | |
| Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies | | |
| ALLER-CHLOR ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| ALLERGY (CHLORPHENIRAMINE) ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| ALLERGY-TIME ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| <i>chlorpheniramine maleate oral tablet</i> | Preferred | |
| <i>chlorpheniramine maleate oral tablet extended release</i> | Preferred | |
| CHLORTABS ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| ED CHLORPED JR ORAL SYRUP <i>(chlorpheniramine maleate)</i> | Preferred | |
| PHARBECHLOR ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| WAL-FINATE ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| Antihistamine - 1St Generation - Ethanolamines - Drugs For Allergies | | |
| ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE <i>(diphenhydramine hcl)</i> | Preferred | |
| ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID <i>(diphenhydramine hcl)</i> | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|--------------------------------|
| ALLERGY (DIPHENHYDRAMINE) ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY MEDICATION ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY MEDICINE ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY RELIEF (CLEMASTINE) ORAL TABLET (<i>clemastine fumarate</i>) | Preferred | |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| BANOPHEN ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| BANOPHEN ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| <i>clemastine oral tablet 2.68 mg</i> | Preferred | |
| COMPLETE ALLERGY MEDICINE ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| COMPLETE ALLERGY MEDICINE ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| COMPLETE ALLERGY ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| COMPLETE ALLERGY ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| DAYHIST ALLERGY ORAL TABLET (<i>clemastine fumarate</i>) | Preferred | |
| DIPHEDRYL ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| DIPHEDRYL ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| DIPHENHIST ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| <i>diphenhydramine 12.5 mg/5 ml (otc)</i> | Preferred | FL (O) |
| <i>diphenhydramine 12.5 mg/5 ml inner (rx)</i> | Preferred | FL (F) |
| <i>diphenhydramine 12.5 mg/5 ml outer (rx)</i> | Preferred | FL (F) |
| <i>diphenhydramine 25 mg/10 ml inner (rx)</i> | Preferred | FL (F) |
| <i>diphenhydramine 25 mg/10 ml outer (rx)</i> | Preferred | FL (F) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Preferred | |
| <i>diphenhydramine hcl oral capsule</i> | Preferred | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> | Preferred | |
| <i>diphenhydramine hcl oral liquid</i> | Preferred | |
| <i>diphenhydramine hcl oral tablet</i> | Preferred | |
| PHARBEDRYL ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| SILADRYL SA ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|---|
| VALU-DRYL ALLERGY ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| WAL-DRYL ALLERGY ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| WAL-DRYL ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| WAL-DRYL ALLERGY ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies | | |
| <i>promethazine oral syrup</i> | Preferred | FL (1 fill per 365 days); QL (240 ML per 1 day); AL (Min 2 Years) |
| <i>promethazine oral tablet</i> | Preferred | |
| <i>promethazine rectal suppository</i> | Preferred | |
| <i>promethazine hcl</i> (Promethegan Rectal Suppository) | Preferred | |
| Antihistamine - 1St Generation - Piperidines - Drugs For Allergies | | |
| <i>ciproheptadine oral syrup</i> | Preferred | |
| <i>ciproheptadine oral tablet</i> | Preferred | |
| Antihistamines - 1St Generation - Drugs For Allergies | | |
| ALLER-CHLOR ORAL TABLET (<i>chlorpheniramine maleate</i>) | Preferred | |
| ALLERGY (CHLORPHENIRAMINE) ORAL TABLET (<i>chlorpheniramine maleate</i>) | Preferred | |
| ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY (DIPHENHYDRAMINE) ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY MEDICATION ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY MEDICINE ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY RELIEF (CLEMASTINE) ORAL TABLET (<i>clemastine fumarate</i>) | Preferred | |
| ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET (<i>chlorpheniramine maleate</i>) | Preferred | |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| ALLERGY-TIME ORAL TABLET (<i>chlorpheniramine maleate</i>) | Preferred | |
| BANOPHEN ORAL CAPSULE (<i>diphenhydramine hcl</i>) | Preferred | |
| BANOPHEN ORAL TABLET (<i>diphenhydramine hcl</i>) | Preferred | |
| CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID (<i>diphenhydramine hcl</i>) | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|--|-----------|---|
| CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID (diphenhydramine hcl) | Preferred | |
| chlorpheniramine maleate oral tablet | Preferred | |
| chlorpheniramine maleate oral tablet extended release | Preferred | |
| CHLORTABS ORAL TABLET (chlorpheniramine maleate) | Preferred | |
| clemastine oral tablet 2.68 mg | Preferred | |
| COMPLETE ALLERGY MEDICINE ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| COMPLETE ALLERGY MEDICINE ORAL TABLET (diphenhydramine hcl) | Preferred | |
| COMPLETE ALLERGY ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| COMPLETE ALLERGY ORAL TABLET (diphenhydramine hcl) | Preferred | |
| cyproheptadine oral syrup | Preferred | |
| cyproheptadine oral tablet | Preferred | |
| DAYHIST ALLERGY ORAL TABLET (clemastine fumarate) | Preferred | |
| DIPHEDRYL ALLERGY ORAL LIQUID (diphenhydramine hcl) | Preferred | |
| DIPHEDRYL ORAL LIQUID (diphenhydramine hcl) | Preferred | |
| DIPHENHIST ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| diphenhydramine 12.5 mg/5 ml (otc) | Preferred | FL (O) |
| diphenhydramine 12.5 mg/5 ml inner (rx) | Preferred | FL (F) |
| diphenhydramine 12.5 mg/5 ml outer (rx) | Preferred | FL (F) |
| diphenhydramine 25 mg/10 ml inner (rx) | Preferred | FL (F) |
| diphenhydramine 25 mg/10 ml outer (rx) | Preferred | FL (F) |
| diphenhydramine hcl injection solution 50 mg/ml | Preferred | |
| diphenhydramine hcl oral capsule | Preferred | |
| diphenhydramine hcl oral elixir 12.5 mg/5 ml | Preferred | |
| diphenhydramine hcl oral liquid | Preferred | |
| diphenhydramine hcl oral tablet | Preferred | |
| ED CHLORPED JR ORAL SYRUP (chlorpheniramine maleate) | Preferred | |
| NIGHTTIME SLEEP ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (diphenhydramine hcl) | Preferred | |
| PHARBECHLOR ORAL TABLET (chlorpheniramine maleate) | Preferred | |
| PHARBEDRYL ORAL CAPSULE (diphenhydramine hcl) | Preferred | |
| promethazine oral syrup | Preferred | FL (1 fill per 365 days); QL (240 ML per 1 day); AL (Min 2 Years) |
| promethazine oral tablet | Preferred | |
| promethazine rectal suppository | Preferred | |
| promethazine hcl (Promethegan Rectal Suppository) | Preferred | |
| SILADRYL SA ORAL LIQUID (diphenhydramine hcl) | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|--|---------------|--------------------------------|
| SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG <i>(diphenhydramine hcl)</i> | Preferred | |
| SLEEP AID MAX STR (DIPHENHYDR) ORAL CAPSULE <i>(diphenhydramine hcl)</i> | Preferred | |
| SLEEPING ORAL CAPSULE <i>(diphenhydramine hcl)</i> | Preferred | |
| VALU-DRYL ALLERGY ORAL CAPSULE <i>(diphenhydramine hcl)</i> | Preferred | |
| WAL-DRYL ALLERGY ORAL CAPSULE <i>(diphenhydramine hcl)</i> | Preferred | |
| WAL-DRYL ALLERGY ORAL LIQUID <i>(diphenhydramine hcl)</i> | Preferred | |
| WAL-DRYL ALLERGY ORAL TABLET <i>(diphenhydramine hcl)</i> | Preferred | |
| WAL-FINATE ORAL TABLET <i>(chlorpheniramine maleate)</i> | Preferred | |
| WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE <i>(diphenhydramine hcl)</i> | Preferred | |
| Antihistamines - 2Nd Generation - Drugs For Allergies | | |
| 24HR ALLERGY RELIEF ORAL TABLET <i>(levocetirizine dihydrochloride)</i> | Non-Preferred | |
| ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION <i>(cetirizine hcl)</i> | Preferred | |
| ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET <i>(cetirizine hcl)</i> | Preferred | |
| ALLERCLEAR ORAL TABLET <i>(loratadine)</i> | Preferred | |
| ALLER-EASE ORAL TABLET 180 MG <i>(fexofenadine hcl)</i> | Non-Preferred | |
| ALLER-EASE ORAL TABLET 60 MG <i>(fexofenadine hcl)</i> | Preferred | PA |
| ALLER-FEX ORAL TABLET <i>(fexofenadine hcl)</i> | Non-Preferred | |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET <i>(cetirizine hcl)</i> | Preferred | |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG <i>(fexofenadine hcl)</i> | Non-Preferred | |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 60 MG <i>(fexofenadine hcl)</i> | Preferred | PA |
| ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET <i>(levocetirizine dihydrochloride)</i> | Non-Preferred | |
| ALLERGY RELIEF (LORATADINE) ORAL SOLUTION <i>(loratadine)</i> | Preferred | |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET <i>(loratadine)</i> | Preferred | |
| ALLER-TEC ORAL TABLET <i>(cetirizine hcl)</i> | Preferred | |
| <i>cetirizine hcl 1 mg/ml soln (otc)</i> | Preferred | FL (O) |
| <i>cetirizine hcl 1 mg/ml soln (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc)</i> | Preferred | FL (O) |
| <i>cetirizine hcl 1 mg/ml soln children's (otc)</i> | Preferred | FL (O) |
| <i>cetirizine hcl 1 mg/ml soln coded incorrectly (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml syrup (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml syrup grape (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml syrup never launched (rx)</i> | Preferred | FL (F) |
| <i>cetirizine oral solution 1 mg/ml</i> | Preferred | |

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| Medications | Tier | Restrictions (if applicable) |
|---|---------------|--------------------------------|
| <i>cetirizine oral solution 5 mg/5 ml</i> | Non-Preferred | |
| <i>cetirizine oral tablet</i> | Preferred | |
| CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILDREN'S ALLEGRA ALLERGY ORAL SUSPENSION (<i>fexofenadine hcl</i>) | Preferred | PA |
| CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING (<i>fexofenadine hcl</i>) | Preferred | PA |
| CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION (<i>loratadine</i>) | Preferred | |
| CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILDREN'S CETIRIZINE ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILDREN'S WAL-ZYR ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CLARINEX ORAL TABLET (<i>desloratadine</i>) | Non-Preferred | |
| <i>desloratadine oral tablet</i> | Preferred | |
| <i>fexofenadine oral tablet 180 mg</i> | Preferred | |
| <i>fexofenadine oral tablet 60 mg</i> | Preferred | PA |
| <i>levocetirizine oral tablet</i> | Preferred | |
| <i>loratadine oral solution</i> | Preferred | |
| <i>loratadine oral tablet</i> | Preferred | |
| WAL-FEX ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>) | Non-Preferred | |
| WAL-FEX ALLERGY ORAL TABLET 60 MG (<i>fexofenadine hcl</i>) | Preferred | PA |
| WAL-ITIN ORAL SOLUTION (<i>loratadine</i>) | Preferred | |
| WAL-ITIN ORAL TABLET (<i>loratadine</i>) | Preferred | |
| WAL-ZYR (CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| WAL-ZYR (CETIRIZINE) ORAL TABLET (<i>cetirizine hcl</i>) | Preferred | |
| XYZAL ORAL TABLET (<i>levocetirizine dihydrochloride</i>) | Non-Preferred | |
| Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies | | |
| ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET (<i>cetirizine hcl</i>) | Preferred | |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET (<i>cetirizine hcl</i>) | Preferred | |
| ALLER-TEC ORAL TABLET (<i>cetirizine hcl</i>) | Preferred | |
| <i>cetirizine hcl 1 mg/ml soln (otc)</i> | Preferred | FL (O) |
| <i>cetirizine hcl 1 mg/ml soln (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml soln children, slf, grape (otc)</i> | Preferred | FL (O) |
| <i>cetirizine hcl 1 mg/ml soln children's (otc)</i> | Preferred | FL (O) |
| <i>cetirizine hcl 1 mg/ml soln coded incorrectly (rx)</i> | Preferred | FL (F) |

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| Medications | Tier | Restrictions (if applicable) |
|---|---------------|--|
| <i>cetirizine hcl 1 mg/ml syrup (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml syrup grape (rx)</i> | Preferred | FL (F) |
| <i>cetirizine hcl 1 mg/ml syrup never launched (rx)</i> | Preferred | FL (F) |
| <i>cetirizine oral solution 1 mg/ml</i> | Preferred | |
| <i>cetirizine oral solution 5 mg/5 ml</i> | Non-Preferred | |
| <i>cetirizine oral tablet</i> | Preferred | |
| CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILDREN'S CETIRIZINE ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILDREN'S WAL-ZYR ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| WAL-ZYR (CETIRIZINE) ORAL SOLUTION (<i>cetirizine hcl</i>) | Preferred | |
| WAL-ZYR (CETIRIZINE) ORAL TABLET (<i>cetirizine hcl</i>) | Preferred | |
| Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies | | |
| ALLERCLEAR ORAL TABLET (<i>loratadine</i>) | Preferred | |
| ALLER-EASE ORAL TABLET (<i>fexofenadine hcl</i>) | Preferred | PA |
| ALLER-FEX ORAL TABLET (<i>fexofenadine hcl</i>) | Preferred | PA |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET (<i>fexofenadine hcl</i>) | Preferred | PA |
| ALLERGY RELIEF (LORATADINE) ORAL SOLUTION (<i>loratadine</i>) | Preferred | |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET (<i>loratadine</i>) | Preferred | |
| CHILDREN'S ALLEGRA ALLERGY ORAL SUSPENSION (<i>fexofenadine hcl</i>) | Preferred | PA |
| CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING (<i>fexofenadine hcl</i>) | Preferred | PA |
| CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION (<i>loratadine</i>) | Preferred | |
| <i>fexofenadine oral tablet</i> | Preferred | PA |
| <i>loratadine oral solution</i> | Preferred | |
| <i>loratadine oral tablet</i> | Preferred | |
| WAL-FEX ALLERGY ORAL TABLET (<i>fexofenadine hcl</i>) | Preferred | PA |
| WAL-ITIN ORAL SOLUTION (<i>loratadine</i>) | Preferred | |
| WAL-ITIN ORAL TABLET (<i>loratadine</i>) | Preferred | |
| Antitussives - Non-Opioid - Drugs For Allergies | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | Preferred | |
| TUSSIN MAXIMUM STRENGTH COUGH ORAL SYRUP (<i>dextromethorphan hbr</i>) | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |

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|---|---------------|--|
| WAL-TUSSIN MAX STRENGTH COUGH ORAL SYRUP <i>(dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd | | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE <i>(fluticasone furoate)</i> | Preferred | QL (1 EA per 30 days); AL (Min 12 Years) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30) (<i>mometasone furoate</i>) | Preferred | QL (1 EA per 30 days); AL (Max 11 Years) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>) | Preferred | QL (1 EA per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i> | Preferred | QL (120 ML per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i> | Preferred | QL (120 ML per 30 days); AL (Max 4 Years) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE <i>(fluticasone propionate)</i> | Preferred | QL (1 EA per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER (<i>fluticasone propionate</i>) | Preferred | QL (1 GM per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION (<i>budesonide</i>) | Preferred | QL (1 EA per 30 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML (<i>budesonide</i>) | Preferred | QL (120 ML per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED (<i>beclomethasone dipropionate</i>) | Preferred | QL (11 GM per 30 days) |
| Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd | | |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>) | Preferred | PA; SP; PL; AL (Min 12 Years) |
| Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd | | |
| <i>montelukast oral granules in packet</i> | Non-Preferred | |
| <i>montelukast oral tablet</i> | Preferred | QL (30 EA per 30 days) |
| <i>montelukast oral tablet, chewable</i> | Preferred | QL (30 EA per 30 days) |
| Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd | | |
| <i>cromolyn inhalation solution for nebulization</i> | Preferred | |
| Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige) - Drugs For Asthma/Copd | | |
| XOLAIR SUBCUTANEOUS RECON SOLN (<i>omalizumab</i>) | Preferred | PA |
| XOLAIR SUBCUTANEOUS SYRINGE (<i>omalizumab</i>) | Preferred | PA |
| Asthma Therapy - Xanthines - Drugs For Asthma/Copd | | |
| <i>theophylline anhydrous</i> (Elixophyllin Oral Elixir) | Preferred | |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG (<i>theophylline anhydrous</i>) | Preferred | |

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|--|---------------|--------------------------------|
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 400 MG <i>(theophylline anhydrous)</i> | Non-Preferred | |
| <i>theophylline oral elixir</i> | Preferred | |
| <i>theophylline oral solution</i> | Preferred | |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | Preferred | |
| <i>theophylline oral tablet extended release 24 hr</i> | Preferred | |
| Asthma Therapy- Monoclonal Antibody - Interleukin-5 (II-5) Antagonists - Drugs For Asthma/Copd | | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR (<i>mepolizumab</i>) | Preferred | PA; SP; PL; AL (Min 6 Years) |
| NUCALA SUBCUTANEOUS RECON SOLN (<i>mepolizumab</i>) | Preferred | PA; SP; PL; AL (Min 6 Years) |
| NUCALA SUBCUTANEOUS SYRINGE (<i>mepolizumab</i>) | Preferred | PA; SP; PL; AL (Min 6 Years) |
| Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd | | |
| DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>) | Preferred | PA; QL (30 EA per 365 days) |
| DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>) | Preferred | PA; QL (30 EA per 30 days) |
| Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd | | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION <i>(tiotropium bromide)</i> | Preferred | ST |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION <i>(tiotropium bromide)</i> | Preferred | |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE (<i>tiotropium bromide</i>) | Preferred | PA |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED (<i>aclidinium bromide</i>) | Preferred | PA; QL (1 EA per 30 days) |
| Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER <i>(ipratropium bromide)</i> | Preferred | QL (2 GM per 30 days) |
| <i>ipratropium bromide inhalation solution</i> | Preferred | |
| Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd | | |
| STRIVERDI RESPIMAT INHALATION MIST (<i>olodaterol hcl</i>) | Preferred | ST; QL (1 GM per 30 days) |
| Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd | | |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE <i>(salmeterol xinafoate)</i> | Non-Preferred | |
| Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> | Preferred | |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | Preferred | QL (375 ML per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | Preferred | QL (375 EA per 30 days) |

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|--|---------------|--|
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i> | Preferred | QL (40 ML per 30 days) |
| <i>levalbuterol hcl inhalation solution for nebulization</i> | Preferred | QL (375 ML per 30 days) |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler</i> | Preferred | FL (2 fills per 23 days); QL (105 GM per 180 days) |
| PROAIR HFA INHALATION HFA AEROSOL INHALER (<i>albuterol sulfate</i>) | Non-Preferred | |
| PROVENTIL HFA INHALATION HFA AEROSOL INHALER (<i>albuterol sulfate</i>) | Non-Preferred | |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER (<i>albuterol sulfate</i>) | Non-Preferred | |
| XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION (<i>levalbuterol hcl</i>) | Non-Preferred | |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER (<i>levalbuterol tartrate</i>) | Non-Preferred | |
| XOPENEX INHALATION SOLUTION FOR NEBULIZATION (<i>levalbuterol hcl</i>) | Non-Preferred | |
| Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd | | |
| <i>albuterol sulfate oral syrup</i> | Preferred | |
| Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd | | |
| COMBIVENT RESPIMAT INHALATION MIST (<i>ipratropium bromide/albuterol sulfate</i>) | Preferred | QL (1 GM per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization</i> | Preferred | QL (375 ML per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST (<i>tiotropium bromide/olodaterol hcl</i>) | Preferred | PA; QL (4 GM per 30 days) |
| Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd | | |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE (<i>fluticasone propionate/salmeterol xinafoate</i>) | Non-Preferred | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER (<i>fluticasone propionate/salmeterol xinafoate</i>) | Non-Preferred | |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE (<i>fluticasone furoate/vilanterol trifenatate</i>) | Preferred | QL (60 EA per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler</i> | Preferred | FL (1 fill per 30 days); QL (11 GM per 23 days) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>) | Preferred | QL (1 GM per 30 days) |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i> | Preferred | QL (1 EA per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | Preferred | QL (60 EA per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER (<i>budesonide/formoterol fumarate</i>) | Non-Preferred | |

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| fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device) | Non-Preferred | |
| Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis | | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat) | Preferred | PA; QL (60 EA per 30 days) |
| Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis | | |
| tobramycin in 0.225 % nacl inhalation solution for nebulization | Preferred | PA; SP |
| Decongestant-Expectorant Combinations - Drugs For Cough And Cold | | |
| CONGEST-EZE ORAL TABLET (guaifenesin/pseudoephedrine hcl) | Preferred | |
| MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR (guaifenesin/pseudoephedrine hcl) | Preferred | |
| MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR (guaifenesin/pseudoephedrine hcl) | Preferred | |
| Expectorants - Single Agents, General - Drugs For Cough And Cold | | |
| ADULT TUSSIN CHEST CONGESTION ORAL LIQUID (guaifenesin) | Preferred | |
| ADULT WAL-TUSSIN ORAL LIQUID (guaifenesin) | Preferred | |
| CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID (guaifenesin) | Preferred | |
| CHILDREN'S CHEST CONGESTION ORAL LIQUID (guaifenesin) | Preferred | |
| COUGH SYRUP ORAL LIQUID (guaifenesin) | Preferred | |
| DIABETIC TUSSIN EX ORAL LIQUID (guaifenesin) | Preferred | |
| EXPECTORANT COUGH SYRUP ORAL LIQUID (guaifenesin) | Preferred | |
| EXPECTORANT ORAL LIQUID (guaifenesin) | Preferred | |
| EXPECTORANT ORAL TABLET (guaifenesin) | Preferred | |
| GERI-TUSSIN ORAL LIQUID (guaifenesin) | Preferred | |
| guaifenesin oral liquid | Preferred | |
| guaifenesin oral tablet 200 mg | Preferred | |
| LIQUITUSS GG ORAL LIQUID (guaifenesin) | Preferred | |
| MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG (guaifenesin) | Preferred | |
| ROBAFEN ORAL LIQUID (guaifenesin) | Preferred | |
| SILTUSSIN SA ORAL LIQUID (guaifenesin) | Preferred | |
| TUSSIN CHEST CONGESTION ORAL LIQUID (guaifenesin) | Preferred | |
| TUSSIN EXPECTORANT ORAL LIQUID (guaifenesin) | Preferred | |
| TUSSIN HONEY ORAL LIQUID (guaifenesin) | Preferred | |
| TUSSIN ORAL LIQUID (guaifenesin) | Preferred | |
| WAL-TUSSIN ORAL LIQUID (guaifenesin) | Preferred | |

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|---|-----------|--------------------------------|
| Mucolytics - Drugs For The Lungs | | |
| <i>acetylcysteine solution</i> | Preferred | |
| PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>) | Preferred | PA; SP |
| Nasal Anticholinergics - Allergy | | |
| <i>ipratropium bromide nasal spray,non-aerosol</i> | Preferred | |
| Nasal Antihistamines - Allergy | | |
| <i>azelastine nasal aerosol,spray</i> | Preferred | |
| <i>azelastine nasal spray,non-aerosol</i> | Preferred | |
| Nasal Corticosteroids - Allergy | | |
| 24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION (<i>fluticasone propionate</i>) | Preferred | |
| ALLER-FLO NASAL SPRAY,SUSPENSION (<i>fluticasone propionate</i>) | Preferred | |
| ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>) | Preferred | |
| BECONASE AQ NASAL SPRAY,NON-AEROSOL (<i>beclomethasone dipropionate</i>) | Preferred | |
| <i>budesonide nasal spray,non-aerosol</i> | Preferred | |
| CHILDREN'S FLONASE ALLERGY RLF NASAL SPRAY,SUSPENSION (<i>fluticasone propionate</i>) | Preferred | |
| CLARISPRAY NASAL SPRAY,SUSPENSION (<i>fluticasone propionate</i>) | Preferred | |
| <i>cvs fluticasone prop 50 mcg sp (otc)</i> | Preferred | FL (O) |
| <i>eql fluticasone prop 50 mcg sp (otc)</i> | Preferred | FL (O) |
| FLONASE ALLERGY RELIEF NASAL SPRAY,SUSPENSION (<i>fluticasone propionate</i>) | Preferred | |
| <i>flunisolide nasal spray,non-aerosol</i> | Preferred | ST |
| <i>fluticasone prop 50 mcg spray (otc)</i> | Preferred | FL (O) |
| <i>fluticasone prop 50 mcg spray (rx)</i> | Preferred | FL (F) |
| <i>fluticasone prop 50 mcg spray 120 dose, aqueous (rx)</i> | Preferred | FL (F) |
| <i>fluticasone prop 50 mcg spray 120 metered sprays (otc)</i> | Preferred | FL (O) |
| <i>fluticasone prop 50 mcg spray 120 metered sprays (rx)</i> | Preferred | FL (F) |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> | Preferred | |
| <i>gnp fluticasone prop 50 mcg sp (otc)</i> | Preferred | FL (O) |
| <i>mometasone nasal spray,non-aerosol</i> | Preferred | ST |
| NASACORT NASAL AEROSOL,SPRAY (<i>triamcinolone acetonide</i>) | Preferred | |
| NASAL ALLERGY NASAL AEROSOL,SPRAY (<i>triamcinolone acetonide</i>) | Preferred | |
| QC ALLERGY RELIEF 50 MCG SPRAY (<i>fluticasone propionate</i>) | Preferred | FL (O) |
| <i>qc fluticasone prop 50 mcg spr (otc)</i> | Preferred | FL (O) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>) | Preferred | ST |

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| <i>triamcinolone acetonide nasal aerosol,spray</i> | Preferred | |
| XHANCE NASAL AEROSOL BREATH ACTIVATED (<i>fluticasone propionate</i>) | Preferred | PA |
| Nasal Mast Cell Stabilizers - Allergy | | |
| <i>cromolyn nasal spray,non-aerosol</i> | Preferred | |
| NASAL ALLERGY SYMPTOM CONTROL NASAL SPRAY,NON-AEROSOL (<i>cromolyn sodium</i>) | Preferred | |
| Nasal Sympathomimetic Decongestants (Intranasal) - Allergy | | |
| ADRENALIN NASAL SOLUTION (<i>epinephrine hcl</i>) | Preferred | |
| EPHRINE NASAL DROPS (<i>phenylephrine hcl</i>) | Preferred | |
| FAST ACTING NASAL NASAL SPRAY,NON-AEROSOL (<i>phenylephrine hcl</i>) | Preferred | |
| LITTLE NOSES NASAL DROPS (<i>phenylephrine hcl</i>) | Preferred | |
| NASAL FOUR NASAL SPRAY,NON-AEROSOL (<i>phenylephrine hcl</i>) | Preferred | |
| NASAL SPRAY 12HR(OXYMETAZOLINE NASAL SPRAY,NON-AEROSOL (<i>oxymetazoline hcl</i>) | Preferred | |
| NEO-SYNEPHRINE (PHENYLEPHRINE) NASAL SPRAY,NON-AEROSOL 0.25 %, 0.5 % (<i>phenylephrine hcl</i>) | Preferred | |
| NOSE DROPS EXTRA STRENGTH NASAL DROPS (<i>phenylephrine hcl</i>) | Preferred | |
| NOSE DROPS NASAL DROPS (<i>phenylephrine hcl</i>) | Preferred | |
| WAL-FOUR NASAL SPRAY,NON-AEROSOL (<i>phenylephrine hcl</i>) | Preferred | |
| Non-Opioid Antitus-1St Gen Antihist.-Decongest-Analgesic,Non-Salicylat - Drugs For Cough And Cold | | |
| ALKA-SELTZER PLUS-D SINUS-COLD ORAL CAPSULE (<i>dextromethorphan/pseudoephedrine/acetaminophen/chlorpheniramine</i>) | Preferred | |
| Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations - Drugs For Cough And Cold | | |
| BIO-DTUSS DMX ORAL LIQUID (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>) | Preferred | QL (240 ML per 1 day) |
| <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup) | Preferred | QL (240 ML per 1 day) |
| <i>brompheniramine-pseudoeph-dm oral syrup</i> | Preferred | QL (240 ML per 1 day) |
| BROTAPP DM ORAL ELIXIR (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>) | Preferred | QL (240 ML per 1 day) |
| CHILDREN'S COLD AND COUGH (PE) ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |
| CHILDREN'S DIBROMM DM COLD-COU ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |
| COLD AND COUGH DM ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |

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| COLD AND COUGH ELIXIR ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |
| DIMAPHEN DM ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |
| ENDACOF - DM ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | QL (240 ML per 1 day) |
| PEDIATRIC COUGH AND COLD ORAL LIQUID (<i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i>) | Preferred | |
| RESCON-DM ORAL LIQUID (<i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i>) | Preferred | QL (240 ML per 1 day) |
| RYNEX DM ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |
| WAL-TAP DM ORAL SOLUTION (<i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i>) | Preferred | |
| Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold | | |
| <i>promethazine-dm oral syrup</i> | Preferred | FL (2 to 6 years - 1 fill per 365 days>6 years - 7 fills per 365 days); QL (240 ML per 1 day); AL (Min 2 Years) |
| Non-Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold | | |
| ADULT TUSSIN MULTI-SYMP COLD ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr/phenylephrine</i>) | Preferred | |
| ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr/phenylephrine</i>) | Preferred | |
| TUSSIN CF (PE-DM-GUAIF) ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr/phenylephrine</i>) | Preferred | |
| TUSSIN CF COUGH-COLD ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr/phenylephrine</i>) | Preferred | |
| WAL-TUSSIN COUGH AND COLD CF ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr/phenylephrine</i>) | Preferred | |
| Non-Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold | | |
| ADULT TUSSIN COUGH CONGEST DM ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr</i>) | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| ADULT TUSSIN DM ORAL SYRUP (<i>guaifenesin/dextromethorphan hbr</i>) | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| ADULT WAL-TUSSIN DM MAX ORAL LIQUID (<i>guaifenesin/dextromethorphan hbr</i>) | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| ALKA-SELTZER PLUS MUCUS-CONGES ORAL CAPSULE (<i>guaifenesin/dextromethorphan hbr</i>) | Preferred | |
| ANTITUSSIVE DM ORAL SYRUP (<i>guaifenesin/dextromethorphan hbr</i>) | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |

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|---|-----------|--|
| CHEST CONGESTION RELIEF DM ORAL TABLET <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | QL (240 EA per 1 day) |
| CHEST CONGESTION-COUGH RELIEF ORAL TABLET <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | QL (240 EA per 1 day) |
| CHILD CHEST CONGESTION-COUGH ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| CHILD MUCUS RELIEF COUGH ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| CHILDREN'S COUGH ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| CORICIDIN HBP CHEST CONG-COUGH ORAL CAPSULE <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | |
| COUGH SYRUP DM ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| <i>dextromethorphan-guaifenesin oral syrup</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| <i>dextromethorphan-guaifenesin oral tablet</i> | Preferred | |
| DIABETIC SILTUSSIN-DM MAX STR ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| DIABETIC TUSSIN DM ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| DM MAX ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| EXPECTORANT DM ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| EXPECTORANT DM ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| G-FENESIN DM ORAL TABLET <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | QL (240 EA per 1 day) |
| MUCOSA DM ORAL TABLET <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | QL (240 EA per 1 day) |
| MUCUS DM MAX ER ORAL TABLET EXTENDED RELEASE 12 HR <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | |
| MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | |
| MUCUS RELIEF COUGH ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| MUCUS RELIEF DM MAX ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| MUCUS RELIEF DM ORAL TABLET <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | QL (240 EA per 1 day) |
| ROBAFEN DM COUGH ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| ROBAFEN DM COUGH-CHEST CONGEST ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |

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|--|-----------|---|
| SCOT-TUSSIN SENIOR ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| SILTUSSIN DM DAS ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| SILTUSSIN-DM ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN COUGH-CHEST CONGESTION ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN DM CLEAR ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN DM COUGH AND CHEST ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN DM ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN DM ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| TUSSIN DM ORAL TABLET <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | QL (240 EA per 1 day) |
| ULTRA DM FREE AND CLEAR ORAL LIQUID <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| ULTRA TUSS SAFE ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| WAL-TUSSIN DM CLEAR ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| WAL-TUSSIN DM ORAL SYRUP <i>(guaifenesin/dextromethorphan hbr)</i> | Preferred | FL (7 fills per 365 days); QL (240 ML per 1 day) |
| Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold | | |
| <i>promethazine-codeine oral syrup</i> | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold | | |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| <i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup) | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold | | |
| <i>GUAIFENESIN DAC ORAL SYRUP (pseudoephedrine hcl/codeine phosphate/guaifenesin)</i> | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |

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|--|-----------|---|
| VIRTUSSIN DAC ORAL SYRUP (<i>pseudoephedrine hcl/codeine phosphate/guaifenesin</i>) | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold | | |
| codeine-guaifenesin oral liquid | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| G TUSSIN AC ORAL LIQUID (<i>codeine phosphate/guaifenesin</i>) | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| GUAIATUSSIN AC ORAL LIQUID (<i>codeine phosphate/guaifenesin</i>) | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| GUAIFENESIN AC ORAL LIQUID (<i>codeine phosphate/guaifenesin</i>) | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| VIRTUSSIN AC ORAL LIQUID (<i>codeine phosphate/guaifenesin</i>) | Preferred | FL (4 fills per 365 days); QL (240 ML per 1 day); AL (Min 18 Years) |
| Systemic Sympathomimetic Decongestants - Drugs For Cough And Cold | | |
| 12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| CHILDREN'S SILFEDRINE ORAL LIQUID (<i>pseudoephedrine hcl</i>) | Preferred | |
| CHILDREN'S SUDAFED ORAL LIQUID (<i>pseudoephedrine hcl</i>) | Preferred | |
| LONG ACTING NASAL DECONG (PSE) ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| NASAL DECONGESTANT (PE) ORAL TABLET (<i>phenylephrine hcl</i>) | Preferred | |
| NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET (<i>pseudoephedrine hcl</i>) | Preferred | |
| NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| <i>pseudoephedrine hcl oral tablet</i> | Preferred | |
| <i>pseudoephedrine hcl oral tablet extended release</i> | Preferred | |
| SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUDAFED 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUDOGEST 12-HOUR ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUDOGEST ORAL TABLET (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUPHEDRIN ORAL LIQUID (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUPHEDRIN ORAL TABLET (<i>pseudoephedrine hcl</i>) | Preferred | |

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|--|-----------|--------------------------------|
| SUPHEDRINE 12 HOUR ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUPHEDRINE ORAL TABLET (<i>pseudoephedrine hcl</i>) | Preferred | |
| SUPHEDRINE PE ORAL TABLET (<i>phenylephrine hcl</i>) | Preferred | |
| VALU-TAPP DECONGESTANT ORAL DROPS (<i>pseudoephedrine hcl</i>) | Preferred | |
| WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE (<i>pseudoephedrine hcl</i>) | Preferred | |
| WAL-PHED ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>) | Preferred | |
| WAL-PHED PE ORAL TABLET (<i>phenylephrine hcl</i>) | Preferred | |
| Vaginal Products - Drugs For Women | | |
| Vaginal Antibacterial - Lincosamides - Drugs For Infections | | |
| CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>) | Preferred | |
| <i>clindamycin phosphate vaginal cream</i> | Preferred | |
| Vaginal Antifungal - Imidazoles - Drugs For Infections | | |
| 3 DAY VAGINAL VAGINAL CREAM (<i>miconazole nitrate</i>) | Preferred | |
| 3-DAY VAGINAL VAGINAL CREAM (<i>clotrimazole</i>) | Preferred | |
| CLOTRIMAZOLE 3 DAY VAGINAL CREAM (<i>clotrimazole</i>) | Preferred | |
| <i>clotrimazole vaginal cream</i> | Preferred | |
| CLOTRIMAZOLE-3 VAGINAL CREAM (<i>clotrimazole</i>) | Preferred | |
| CLOTRIMAZOLE-7 VAGINAL CREAM (<i>clotrimazole</i>) | Preferred | |
| <i>miconazole nitrate vaginal comb pack,prefill appl, cream</i> | Preferred | |
| <i>miconazole nitrate vaginal cream</i> | Preferred | |
| <i>miconazole nitrate vaginal kit</i> | Preferred | |
| MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM (<i>miconazole nitrate</i>) | Preferred | |
| MICONAZOLE-3 VAGINAL KIT (<i>miconazole nitrate</i>) | Preferred | |
| MICONAZOLE-7 VAGINAL CREAM (<i>miconazole nitrate</i>) | Preferred | |
| MICONAZOLE-7 VAGINAL SUPPOSITORY (<i>miconazole nitrate</i>) | Preferred | |
| <i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i> | Preferred | |
| MONISTAT 3 VAGINAL CREAM (<i>miconazole nitrate</i>) | Preferred | |
| <i>tioconazole vaginal ointment</i> | Preferred | |
| TIOCONAZOLE-1 VAGINAL OINTMENT (<i>tioconazole</i>) | Preferred | |
| Vaginal Antifungal - Triazoles - Drugs For Infections | | |
| <i>terconazole vaginal cream</i> | Preferred | |
| <i>terconazole vaginal suppository</i> | Preferred | |
| Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections | | |
| <i>metronidazole vaginal gel</i> | Preferred | |

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|---|---------------|--------------------------------|
| Vaginal Estrogens - Drugs For Women | | |
| <i>estradiol vaginal cream</i> | Preferred | |
| <i>estradiol vaginal tablet</i> | Preferred | |
| PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>) | Preferred | |
| VAGIFEM VAGINAL TABLET (<i>estradiol</i>) | Non-Preferred | |
| <i>estradiol</i> (YuvaFem Vaginal Tablet) | Preferred | |
| Vaginal Progestins - Drugs For Women | | |
| CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>) | Non-Preferred | |

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